

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION MDL No. 2804  
OPIATE LITIGATION

Case No. 17-md-2804

Judge Dan Aaron

This document relates to: Polster

The County of Summit, Ohio, et al.  
v. Purdue Pharma L.P., et al.  
Case No. 17-OP-45004

The County of Cuyahoga v. Purdue  
Pharma L.P., et al.  
Case No. 18-OP-45090

City of Cleveland, Ohio v. Purdue  
Pharma L.P., et al  
Case No. 18-OP-45132

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Videotaped deposition of
APRIL R. VINCE

December 13, 2018
9:07 a.m.

Taken at:
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55 Public Square, Suite 1950
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1 THE VIDEOGRAPHER: Today's date is
2 December 13, 2018. The time is 9:07. We're on
3 the record. We're here in the matter of
4 National Prescription Opiate Litigation. This
5 deposition is taking place in Cleveland, Ohio.

6 Would counsel please identify
7 themselves for the record.

8 MS. QUEZON: Amy Quezon, on behalf
9 of the Plaintiff.

10 MS. FLEMING: Maria Fleming, on
11 behalf of the Plaintiff.

12 MR. MASTERS: Brad Masters, on
13 behalf of Cardinal Health.

14 MR. MORIARTY: Matthew Moriarty from
15 Tucker Ellis for Janssen.

16 MS. FEINSTEIN: Wendy West Feinstein
17 with Morgan Lewis for the Teva Defendants.

18 MR. SCHUTTE: Scott Schutte with
19 Morgan Lewis for the Rite-Aid Defendant.

20 MS. GATES: Lisa Gates from Jones
21 Day for Walmart.

22 THE VIDEOGRAPHER: Anyone on the
23 telephone?

24 MR. ALEXANDER: Eric Alexander from
25 Reed Smith for AmerisourceBergen Drug

1 Corporation.

2 MR. LAZAR: Zachary Lazar, Morgan
3 Lewis & Bockius, for the Teva Defendants.

4 MR. RAIOLA: Stephen Raiola with
5 Covington & Burling on behalf of McKesson.

6 MS. ZOLLER: Rebecca Zoller with
7 Arnold & Porter on behalf of the Endo and Par
8 Defendants.

9 APRIL R. VINCE, of lawful age, called for
10 examination, as provided by the Federal Rules of
11 Civil Procedure, being by me first duly sworn,
12 as hereinafter certified, deposed and said as
13 follows:

14 EXAMINATION OF APRIL R. VINCE
15 BY MR. MASTERS:

16 Q. Good morning, Ms. Vince.

17 A. Good morning.

18 Q. I introduced myself off the record,
19 but thank you for being here.

20 A. Sure.

21 Q. Would you please, for the record,
22 state your full name?

23 A. April Renee Vince.

24 Q. And what is your current home
25 address?

1 A. It's 68 Hillary Lane, Aurora, Ohio
2 44202.

3 Q. Great.

4 And Aurora, Ohio is in Cuyahoga
5 County, correct?

6 A. It's in Portage County.

7 Q. Oh, it's in Portage County?

8 A. It is.

9 Q. Okay. How long have you been a
10 resident of Portage County?

11 A. Three years.

12 Q. Have you ever been deposed before?

13 A. No.

14 Q. This is your first time?

15 A. Yes.

16 Q. In light of that, let's go over a
17 few ground rules to get started.

18 First, when I ask a question,
19 because this is being recorded, your response
20 needs to be audible. You can nod your head, but
21 unless you say something, the record won't
22 reflect your answer.

23 A. Okay.

24 Q. Sometimes it's hard to remember
25 because it feels like a conversation, but just

1 remember to say yes or no if that's your answer.

2 A. Okay.

3 Q. Sometimes I might, and very likely
4 will, ask a question that is unclear. If I
5 catch it myself, I'll try to correct it. If
6 there's a question that I ask that you don't
7 understand or would like clarification on, feel
8 free to ask and I will try to reword it. Okay?

9 A. Okay.

10 Q. So, like I said, this is a
11 conversation but it's also being recorded, and
12 for the sake of our court reporter, we'll both
13 need to be mindful of how fast we talk so we
14 don't burden her too much.

15 In light of that, we also should try
16 to not speak over each other. Sometimes I might
17 ask a question that you already know the answer
18 to before I finish the question, but I'm going
19 to ask that you let me finish asking the
20 question and then respond. Okay?

21 A. Okay.

22 Q. And sometimes other attorneys in the
23 room might object, including counsel sitting
24 next to you. These objections are for the judge
25 to consider later, okay?

1 A. Okay.

2 Q. Unless the attorney sitting next to
3 you -- the attorney sitting next to instructs
4 you not to answer, you should answer despite an
5 objection. Okay?

6 A. Okay.

7 Q. And we'll try to get through as much
8 of this material as quickly and efficiently as
9 possible today, but if you ever need a break to
10 use the restroom, for example, feel free to ask.

11 A. Okay.

12 Q. Do you understand that you are under
13 oath today?

14 A. Yes.

15 Q. And do you understand what it means
16 to be under oath?

17 A. That I have to tell the truth.

18 Q. Okay. And do you understand you're
19 here to give testimony based on what you know
20 and not what someone told you?

21 A. Yes.

22 Q. Okay. And is there any reason why
23 your testimony today might not be truthful,
24 accurate -- is there any reason why you would
25 not be able to give truthful or accurate

1 testimony today?

2 A. No.

3 Q. So when did you first learn that you
4 were going to be deposed in this case?

5 A. When our legal counsel at the Board
6 of Health told me I was going to be deposed.

7 Q. And who is that?

8 A. Tom O'Donnell.

9 Q. Tom O'Donnell. And when did he tell
10 you that you were going to be deposed?

11 A. I can't tell you the exact date.
12 I'd have to look back at my e-mails.

13 Q. Okay.

14 A. I'm sorry.

15 Q. And Tom O'Donnell, he's the general
16 counsel of CCBH?

17 A. Correct.

18 Q. Okay. And did you meet with him to
19 prepare for today's deposition?

20 A. No, I did not.

21 Q. Did you prepare for today's
22 deposition?

23 A. I met briefly with the attorneys
24 yesterday.

25 Q. So with --

1 A. Amy and Frank Gallucci briefly and
2 Robin. I can't remember her last name.

3 Q. Okay. Great.

4 And how long did you meet with them?

5 A. It was like half a day maybe.

6 Q. Half a day?

7 A. Yeah.

8 Q. And that was in person?

9 A. Correct.

10 Q. Did you meet with lawyers in
11 preparation for this deposition at any other
12 time?

13 A. No.

14 Q. Did you review documents as part of
15 your preparation?

16 A. I reviewed documents that I had.

17 Q. So your own documents that you
18 brought to the meeting?

19 A. No. I didn't bring anything to the
20 meeting.

21 Q. Okay. Any documents you hadn't seen
22 before?

23 A. Several I was not familiar with,
24 yes.

25 Q. You were not familiar with, meaning

1 this was the first time you had seen them?

2 A. It could have been. I'm not
3 positive, because at first glance, I would have
4 to cross-reference it to any document I've seen
5 in the past, and I can't be sure if it was
6 something I had or hadn't seen before.

7 Q. Okay. Did you review the
8 pleading -- the complaint in this case as
9 preparation for today's deposition?

10 A. No.

11 Q. Did you review any documents on your
12 own outside of that meeting with the attorneys
13 yesterday?

14 A. No.

15 Q. And one other kind of preliminary
16 question. Were you ever asked to preserve and
17 not throw away documents that could be related
18 to this litigation?

19 A. Yes.

20 Q. When were you asked?

21 A. It was, again, from Tom O'Donnell.
22 I can't give you the exact date. Again, I'd
23 have to look back at e-mails that I had, the
24 letter that I got.

25 Q. Was it before, after or around the

1 same time as you learned that you would be
2 deposed in this case?

3 MS. QUEZON: Object to the form.

4 A. I really apologize, but I would have
5 to literally go back to the e-mails and look at
6 when that date was. Off the top of my head, I
7 can't recall.

8 Q. Okay. And did you comply with that
9 request to preserve documents?

10 A. Yes.

11 Q. And did someone come and collect
12 documents from you?

13 A. That was worked out with our IT
14 department and our legal counsel and Frank.
15 They worked it out.

16 Q. Do you know what documents they
17 collected?

18 A. I have no idea.

19 Q. So you don't know if there were
20 documents that they collected -- sorry. Let me
21 rephrase that.

22 You don't know if there were
23 documents that they didn't collect that they
24 should have collected?

25 MS. QUEZON: Object to the form.

1 A. All I know is the documents that I
2 had on my hard drive, anything we had uploaded,
3 scanned, e-mailed, I believe the IT department
4 provided that for them.

5 Q. And what about hard copy documents
6 that might be in a desk drawer, for instance?

7 A. Those are all scanned and uploaded
8 as well.

9 Q. Okay. Great.

10 I'm going to show you what I'm
11 marking as Exhibit 1.

12 - - - - -

13 (Thereupon, Vince Deposition Exhibit
14 1, Resume - April R. Vince,
15 M.S.S.A., L.S.W., Beginning Bates
16 Number CUYAH_013470572, was marked
17 for purposes of identification.)

18 - - - - -

19 A. Okay.

20 Q. Ms. Vince, do you recognize this
21 document?

22 A. Yes.

23 Q. This is a copy of your resume?

24 A. Correct.

25 Q. Is this the most current version of

1 your resume?

2 A. I believe it to be so, but I'm not
3 positive. I'd have to go look at my electronic
4 file I have.

5 Q. Okay. Looking at it here, though,
6 program manager is your current position; is
7 that correct?

8 A. Correct.

9 Q. It says you graduated in -- from the
10 College of Wooster with a B.A. in psychology?

11 A. The College of Wooster, yes.

12 Q. Wooster. Pardon me. I had a hunch
13 that it was Wooster. Didn't go with my gut.
14 And with an M.S.S.A. from Case
15 Western two years later?

16 A. Correct.

17 Q. What is an M.S.S.A?

18 A. Master's of Social Science
19 Administration. Basically it's administration,
20 psychology and social work in one degree.

21 Q. Okay. And you received a
22 gerontology certificate with that?

23 A. Separately, correct, from Case.

24 Q. And what is a gerontology
25 certificate?

1 A. Basically, you specialize in aging.

2 Q. Okay. Did you have to take a course
3 for that?

4 A. You have to take extra courses, yes.

5 Q. And then do you have to do clinical
6 work --

7 A. No.

8 Q. -- or any kind of substantive
9 experience --

10 A. No.

11 Q. -- to get that certificate?

12 Okay. And then you became a
13 licensed social worker in 1998?

14 A. Correct.

15 Q. And then your -- so looking on page
16 2, it shows that -- starting from the beginning
17 of your employment history, it shows you were
18 the director of social services at Maple Care
19 Center?

20 A. Correct.

21 Q. What is Maple Care Center?

22 A. Nursing home, skilled nursing and
23 rehab center.

24 Q. So you got your gerontology
25 certificate and worked at a nursing home. Was

1 it a nursing home focused on aging clientele?

2 A. Mainly, yes, but there were some
3 clients there that were not aging as well.

4 Q. And what did you do as the director
5 of social services?

6 A. I was responsible for admissions,
7 meeting with the families before they were
8 admitted, making sure the clients had what they
9 need basically, coordinating care plans for them
10 with the staff and with the families, and doing
11 insurance verification and discharge planning,
12 and marketing the facility.

13 Q. All right. That's a lot of
14 activities.

15 A. Yeah.

16 Q. Did you interact with the nursing
17 and physician staff while you were there?

18 A. Formally I had to when we were doing
19 care planning, and informally on, you know,
20 lunches.

21 Q. And in your formal or informal
22 interactions with physicians and nursing staff,
23 did you ever discuss prescription medication,
24 for example?

25 MS. QUEZON: Object to the form.

1 A. No.

2 Q. Did physicians and nurses at the
3 nursing home prescribe prescription opioids?

4 A. I have no idea.

5 Q. You don't know. So you weren't
6 aware of any theft or diversion or misuse of
7 prescription opioids?

8 A. I was not aware of any, no.

9 Q. And then after Maple Care Center,
10 you moved over to the Cuyahoga County Board of
11 Health; is that right?

12 A. Correct.

13 Q. And if I refer to it as CCBH, do you
14 follow that?

15 A. Yes.

16 Q. Is that how you normally refer to
17 the organization?

18 A. Yes.

19 Q. So why did you leave the nursing
20 home to join CCBH?

21 A. Basically, I left the nursing home
22 to join CCBH because I wanted to expand my
23 knowledge base professionally. Being at the
24 nursing home, I didn't see much growth, and I
25 saw an opportunity at the Board of Health to

1 work as a public servant.

2 Q. Did you always have an idea that you
3 might some day work in -- for a government
4 agency?

5 A. No.

6 Q. No. So it was an unexpected
7 opportunity?

8 A. Correct.

9 Q. Were you drawn to public health?

10 A. I would say indirectly, just because
11 of social work. It's kind of -- they go hand in
12 hand, social work and public service, yes.

13 Q. What is public health?

14 A. To me?

15 Q. Yes.

16 A. I apologize. I would have to
17 literally get a dictionary out to give you that
18 definition.

19 Q. Fair enough.

20 So we're going to come back to this
21 resume, we're going to kind of jump back and
22 forth, but I'm going to show you what I'm
23 marking as Exhibit 2.

24 - - - - -

25 (Thereupon, Vince Deposition Exhibit

1 2, Cuyahoga County Board of Health
2 Program Organizational Chart dated
3 January 2015, was marked for
4 purposes of identification.)

5 - - - - -

6 Q. Do you recognize this document?

7 A. Yes.

8 Q. What is it?

9 A. It's CCBH's organizational chart.

10 Q. This says that it was -- well, this
11 document indicates that it's from January 2015,
12 but does this reflect the current organization
13 as you understand it?

14 A. To be honest with you, I have no
15 idea. It's not my role to know. I don't know.

16 Q. Okay. So what is CCBH?

17 A. Could you expand upon that question?

18 Q. Sure.

19 CCBH is the Board of Health for this
20 area of Cuyahoga County, correct?

21 A. The Cuyahoga County Board of Health
22 is the district board of health separate from
23 the Cuyahoga County Executive's Office. We have
24 our own board. We're a separate entity. We do
25 not cover the City of Cleveland or Shaker

1 Heights. We only represent or provide services
2 for those other outlying cities.

3 Q. Okay. So if we look at this
4 organizational chart, it shows something called
5 a District Advisory Council. What is that?

6 A. Honestly, I don't have a definition
7 for what it is. Our commissioner would -- or
8 someone else would probably be a better person
9 to explain what that is. I don't have direct
10 contact with them or interaction with whatever
11 that is.

12 Q. And is the same true of the District
13 Licensing Board?

14 A. Yes.

15 Q. Underneath them is the Cuyahoga
16 County Board of Health, which, is it fair to
17 say, that represents the board members?

18 A. I don't know what that square
19 represents.

20 Q. But the Cuyahoga County Board of
21 Health does have a board?

22 A. Yes.

23 Q. And there are how many members on
24 that board?

25 A. I should know that. I don't know

1 the exact number. I apologize.

2 Q. Do you know what the role of the
3 board is?

4 A. Again, I'd have to have the
5 definition of what the role of the board is in
6 front of me to give you that exact definition on
7 record.

8 Q. Underneath the Board of Health is
9 the health commissioner?

10 A. Um-hum.

11 Q. Who is the health commissioner?

12 A. Terry Allan.

13 Q. Do you know him personally?

14 A. Yeah. I know who he is.

15 Q. Do you interact regularly with him?

16 A. More regularly now.

17 Q. More regularly now in your --

18 A. My current role.

19 Q. Because of your current position?

20 A. Correct.

21 Q. What is his role at CCBH?

22 A. He's the health commissioner.

23 Q. What does the health commissioner
24 do?

25 A. You would have to ask Terry Allan

1 that.

2 Q. How frequently do you interact with
3 him?

4 A. Now, I would say probably weekly,
5 every other week maybe.

6 Q. Why does your current role require
7 more interaction with Terry Allan?

8 A. I would say because my current role
9 is much more visible in the public health realm
10 currently than my previous role.

11 Q. Why is it more visible in the public
12 health realm?

13 A. Because right now I'm the program
14 manager of Injury Prevention for the grant that
15 I manage from the State of Ohio, which
16 encompasses opiate and opioid use, and it's in
17 the news a lot and it's a public health issue
18 right now.

19 Q. So do you discuss opioids and
20 opiates with Terry Allan?

21 A. I don't discuss that with him. He
22 might send an article that's interesting or
23 something.

24 Q. So you don't regularly sit down with
25 Terry Allan to discuss what you're doing in your

1 current capacity?

2 A. No.

3 Q. Underneath the health commissioner,
4 it looks like there are a few categories of
5 departments. One is the Prevention and Wellness
6 Department.

7 A. Um-hum.

8 Q. What is that?

9 A. It's a department called Prevention
10 and Wellness that I used to work in. That's the
11 old department I worked in. Previous to that it
12 was called Community Health.

13 Q. When was that change made?

14 A. January of this year, 2018.

15 Q. And Environmental Public Health
16 Services, what is the purpose of that
17 department?

18 A. Well, I'm new to the department in
19 January of 2018. That's where this grant is
20 housed. So I can't speak historically what
21 their role was, or even what it is now. I'm
22 sure there's somebody better qualified to speak
23 to that point.

24 Q. Okay. It looks like to the side of
25 health commissioner is the medical director?

1 A. Yes.

2 Q. Who is the medical director?

3 A. Dr. Heidi Gullet.

4 Q. And what is her function or role at
5 CCBH?

6 A. I personally would not be able to
7 define that for you.

8 Q. Have you ever interacted with Heidi
9 Gullet?

10 A. Yes.

11 Q. What is the nature of your
12 interaction with her?

13 A. I can't tell you exactly what year,
14 but I used to work on fall prevention with
15 seniors and she was interested in that, so we
16 worked together in a capacity trying to do
17 programming around fall prevention for seniors.
18 Recently I've been interacting with her on a new
19 project that we have through the CDC for ACEs as
20 it's tied to opiate use disorder.

21 Q. What is that project -- could you
22 tell me more about that project?

23 A. Sure.

24 So it's a project being funded
25 through the CDC via the National Network --

1 excuse me if I get it wrong. I believe it's the
2 National Network of Public Health Institutes.
3 They have some funding that is going to fund a
4 pilot project in four different areas, two in
5 Michigan and two in Ohio, Cuyahoga County and
6 Hamilton County, specifically looking at the
7 relationship between an ACEs score -- and an
8 ACEs score is adverse childhood experiences, so
9 something a child experiences when they're
10 younger that might be traumatic is going to
11 affect who they are when they're older, and they
12 found a correlation between a child that has a
13 high ACEs score when they're younger is more
14 prone to have an opioid use disorder or a
15 substance use disorder when they're older. And
16 so we've been given some funding to do
17 preliminary work to look at that correlation and
18 how we can reduce or at least prevent high ACEs
19 score -- high ACEs scores in the future.

20 Q. And that funding comes from the CDC?

21 A. Correct.

22 Q. Do you get funding for this project
23 from anywhere else?

24 A. No.

25 Q. How regularly do you interact with

1 Dr. Gullet relating to this project?

2 A. Literally, this project just started
3 December 1, so I'd say maybe three or four times
4 I have in the past month.

5 Q. And how long do you expect this
6 project to last?

7 A. Our contract is until September
8 30th, 2019.

9 Q. Great.

10 CCBH publishes an annual report; is
11 that right?

12 A. Correct.

13 Q. That report summarizes the various
14 activities and operations of CCBH throughout the
15 year?

16 A. Some of, yes.

17 Q. Some of, but not all?

18 A. No.

19 Q. So there might be other activities
20 that CCBH does?

21 A. Yes.

22 Q. That don't make the report?

23 A. Correct.

24 Q. Do you -- have you ever helped
25 prepare those reports?

1 A. I do assist with the annual report.

2 Q. You do assist with that?

3 A. Yes.

4 Q. How long have you been assisting
5 with the annual report?

6 A. Again, I apologize. I can't give
7 you an exact year. I've been helping I know for
8 sure for the past three years; I've been
9 assisting with the annual report. I serve on
10 the Community Reckoning Committee as well.

11 Q. And prior to that, prior to serving
12 on that committee, did you read the reports that
13 came out?

14 A. Briefly.

15 Q. Briefly?

16 A. Yeah.

17 Q. And the committee drafts these
18 reports. Who signs off on them before they get
19 published?

20 A. I do not have the answer to that.

21 Q. This last category on the
22 organizational chart is administration. Have
23 you ever worked in the administration section of
24 CCBH?

25 A. No, I have not.

1 Q. Do you interact with the
2 administration folks very often?

3 A. Yes.

4 Q. What is the -- who at the
5 administration -- on the administration side of
6 CCBH do you interact with?

7 A. What time frame?

8 Q. In your current capacity.

9 A. My current capacity?

10 Q. Yes.

11 A. Well, communication and marketing I
12 interact with because I'm on the committee.

13 Q. Okay.

14 A. Epidemiology and surveillance I
15 interact with because of their role in this new
16 ACEs grant that we received. One of their data
17 analysts is helping to head up the project.

18 Q. And who is that?

19 A. Becky Karns.

20 Q. Becky Karns?

21 A. The director of epidemiology I've
22 been interacting with because we also have an
23 Epidemiology Validation project through the
24 State of Ohio that we've been tasked to do, and
25 --

1 Q. What is that?

2 A. So, also, we were given \$10,000 to
3 review 60 cases through MetroHealth Hospital,
4 matching up -- it's called EpiCenter, this
5 database that tracks overdoses, and matching it
6 up to MetroHealth's medical record, to make sure
7 that the information is valid. So our
8 epidemiologists are working on that currently.
9 That's the capacity that I work with them.

10 Q. When you say to make sure the
11 information is valid, can you explain what you
12 mean?

13 A. To make sure that on both sides that
14 they're matching up correctly, that both -- that
15 they're being entered correctly, both in the
16 EpiCenter database and the MetroHealth database.

17 Q. How might incorrect information be
18 entered into the system?

19 A. I have no idea. I rely on the
20 epidemiologists for that specialty.

21 Q. But this is part of a project that
22 you are tasked with?

23 A. The reason why I'm involved is
24 because I manage our injury prevention grant
25 through the State of Ohio, and that is separate

1 from this, so since I'm the program manager for
2 that grant, this is a supplemental to that.
3 Then I hand it off to our epidemiologist.

4 Q. And who's the epidemiologist?

5 A. Chris Kippes.

6 Q. How long have you known Chris?

7 A. Since he started at the Board of
8 Health, which I do not know what year that was.

9 Q. More than ten years ago?

10 A. I really don't know. I can't
11 remember.

12 Q. You mentioned EpiCenter data?

13 A. Um-hum.

14 Q. Can you explain what that means?

15 A. And, again, I'm not a specialist.
16 It's not my role at the Board of Health to know
17 exactly what EpiCenter -- I know it's kind of
18 tertiary. It's data that's collected on
19 overdoses, I believe through EMS.

20 Q. All right. And, again, kind of
21 moving back to the resume -- we'll keep that
22 exhibit in front of you as well -- your first
23 role at CCBH was regional referral coordinator
24 for the Dental Options program; is that right?

25 A. Correct.

1 Q. And what is the Dental Options
2 program?

3 A. The Dental Options program, when I
4 started at the Board of Health -- basically
5 individuals who did not have dental insurance
6 would apply to this program. We had dentists
7 that volunteered their time and were not paid to
8 do service for these individuals if they were
9 deemed a donated case. We had to go through
10 this whole evaluation to see if they were going
11 be discounted or donated, and I won't bore you
12 with all the details, but basically it's
13 dentists who would donate their time or discount
14 their time and do services for these individuals
15 and get them dental treatment.

16 It was our job as the coordinator,
17 the regional referral coordinator, because
18 again, it was seven counties, to manage their
19 case.

20 Q. Was there any particular reason why
21 you were in the Dental Options program or was
22 that just what was available?

23 A. Well, it's social work based, which
24 is my training, so, again, kind of social work
25 and public health going hand in hand. And, as

1 you may know, people that go into social work
2 want to help people, so this was an avenue where
3 I could help people get something that they
4 didn't have.

5 Q. Great.

6 From there you moved to become a
7 grant case manager with the Breast and Cervical
8 Cancer project as well as, shortly thereafter, a
9 program manager with the Breast and Cervical
10 Cancer project; is that right?

11 A. In the -- yeah, program manager for
12 Breast and Cervical project, Dental Options and
13 the Home Injury Prevention program.

14 Q. So over all those programs, you
15 managed them?

16 A. Correct.

17 Q. Why did you switch to this position?
18 Was it just a promotion?

19 A. It was an advancement in my
20 position, but also because, with this position,
21 I was able to take on and utilize my gerontology
22 certificate. The Home Injury Prevention program
23 was geared toward 65 and older, so --

24 Q. Which led to your next position,
25 which was the program coordinator, case

1 management specialist, in the Aging and Dental
2 Options program, right?

3 A. Yep.

4 Q. A natural move from your previous
5 position to your second one.

6 Where does this fit on the CCBH
7 organizational chart?

8 A. Well, this chart has changed many
9 times, from the time I started to what it looks
10 like as -- in January 2015, so I can't speak to
11 anything until 2015, where it would fall, but
12 mainly all of my positions were in the
13 Prevention and Wellness, previously Community
14 Health, until January 2018.

15 Q. And you were in this role from 2006
16 to 2015?

17 A. Which role?

18 Q. This program coordinator/case
19 manager specialist for the Aging programs and
20 Dental Options.

21 A. Yes.

22 Q. Can you tell me what you did in this
23 role?

24 A. That would take a long time.

25 Q. Briefly.

1 A. Briefly, basically, anything that
2 had to do with Dental Options, Aging, or the
3 Breast and Cervical Cancer program. I was
4 responsible to keep the staff on task with
5 meeting deliverables set forth from the Ohio
6 Department of Health. They're all Ohio
7 Department of Health grants, other than the Home
8 Injury Prevention grant, which that was a local
9 grant.

10 Q. Okay.

11 A. Also, writing the grants, making
12 sure the budgets were expended.

13 Q. It looks like, from your resume on
14 page 2, around this time you were participating
15 in professional events relating to poly-pharmacy
16 in the elderly; is that right?

17 A. Correct.

18 So when I was managing the aging
19 grant, there was a pharmacy student who was
20 getting her Master's in Public Health that
21 did -- it's not an internship, but she did a
22 round at the Board of Health and she studied
23 poly-pharmacy with seniors, and I just reviewed
24 her paper and made changes, helped her write it.

25 Q. And you're listed as a contributor

1 on the paper.

2 A. That was my contribution.

3 - - - - -

4 (Thereupon, Vince Deposition Exhibit
5 3, Article Entitled "Polypharmacy in
6 the Elderly", was marked for
7 purposes of identification.)

8 - - - - -

9 Q. Okay. I'm handing you now what's
10 been marked as Exhibit 3, and I'll represent to
11 you that this exhibit is a copy of your article
12 from the internet. Does this look like the
13 article that you helped with?

14 A. I have to be honest with you. I
15 have not read the article in many, many years.
16 I read her final article that she was going to
17 submit for admission. I don't know if this is
18 the same article that I read or helped create.
19 I don't know if it's exactly the same article.

20 Q. What is poly-pharmacy?

21 A. Use of multiple medications
22 basically, and also using different pharmacies
23 to get those medications.

24 Q. And this is a common problem among
25 the elderly?

1 MS. QUEZON: Object to form.

2 A. I can't speak to that. My current
3 role isn't -- I don't know that answer.

4 Q. So let's look at page 3 of this
5 exhibit.

6 MS. QUEZON: That begins at the top
7 "Limitations"?

8 MR. MASTERS: The third paragraph
9 from the top begins with "In conclusion."

10 Q. It says, "In conclusion, this study
11 found that poly-pharmacy was frequent among
12 Cuyahoga County seniors associated with
13 duplicated therapy and inappropriate drug
14 combinations."

15 Does that refresh your recollection
16 as to whether poly-pharmacy is frequent in
17 Cuyahoga County?

18 MS. QUEZON: Object to form.

19 A. It does not refresh my recollection.
20 To be honest with you, again, I reviewed the
21 article for her. I didn't help her collect the
22 information. I didn't help her write it. I
23 made edits. I basically assisted her with
24 getting in contact with those who might be able
25 to provide that for her.

1 Q. Let's look at page 2 of this
2 article. The bottom paragraph begins with,
3 "Many seniors used multiple pharmacies," and
4 then says, "Switching between pharmacies may
5 exacerbate communication among patients,
6 pharmacists, and physicians, increase the risk
7 of inappropriate medication use and potential
8 adverse consequences."

9 Do you have a view of how switching
10 pharmacies -- switching between pharmacies can
11 affect communication between patients,
12 pharmacists and prescribers?

13 MS. QUEZON: Object to the form.

14 A. Could you repeat the question?

15 Q. How does switching between
16 pharmacies exacerbate or affect the
17 communication among patients, pharmacists and
18 prescribers?

19 MS. QUEZON: Object to the form.

20 A. Again, I have to apologize. She was
21 the pharmacist writing the paper, which she -- I
22 think a pharmacist or someone with that kind of
23 specialty would be better poised to answer that
24 question. I professionally can't answer that
25 question.

1 Q. In your current role as injury
2 program -- Injury Prevention program director,
3 project director, do you examine public policy
4 problems relating to opioids?

5 MS. QUEZON: Object to the form.

6 A. In my current role, that's not my
7 role, that's not part of my role to review those
8 type of forms.

9 Q. I'm not speaking about forms.

10 A. Okay.

11 Q. In your current role you attend
12 conferences relating to prescription opioids,
13 correct?

14 A. Um-hum.

15 Q. You attend meetings related to
16 prescription opioids?

17 A. Correct.

18 Q. And heroin?

19 A. Correct.

20 Q. And fentanyl, and prescribing
21 guidelines?

22 A. Sometimes that's addressed.

23 Q. In any of these meetings do they
24 ever discuss the role of prescribers in the
25 current public health issues relating to

1 opioids?

2 MS. QUEZON: Object to the form.

3 A. To be honest with you, it's not one
4 of the main things that's discussed. It might
5 be discussed amongst professionals at these
6 meetings that I go to, but I don't remember that
7 being a point of topic at conferences or
8 meetings that I've gone to.

9 Q. Okay. We may come back to this
10 article.

11 - - - - -
12 (Thereupon, Vince Deposition Exhibit
13 4, Program Narrative Excerpt -
14 Injury Prevention Grant-CCBH 2018,
15 Beginning Bates Number
16 CUYAH_013457563, was marked for
17 purposes of identification.)

18 - - - - -
19 - - - - -

20 Q. I'm showing you now what's been
21 marked as Exhibit 4. Do you recognize this
22 document?

23 A. Yes.

24 Q. What is it?

25 A. It appears to be part of our program

1 narrative for our grant application to the Ohio
2 Department of Health.

3 Q. What's a program narrative?

4 A. It's one of the required pieces that
5 you have to submit to the Ohio Department of
6 Health as a grant -- a grant submission. The
7 exact what it entails, I literally would have to
8 go back to my desk and grab my RFP for the Ohio
9 Department of Health to tell you everything
10 that's supposed to be encompassed in it.

11 Q. I don't need to know everything
12 that's supposed to be encompassed in it, but
13 perhaps you could provide a little bit more
14 detail about what the purpose of this document
15 is.

16 A. Let me see. So as part of the
17 program narrative, you also have to supply a
18 budget narrative. This is the budget narrative
19 piece that lays out who is going to work on the
20 program, a definition of what their role will
21 be, which is fluid. It may or may not cover
22 everything within the definition. It may cover
23 more; as you can see, facility cost, and
24 out-of-state training.

25 Q. And this is for the Injury

1 Prevention grant?

2 A. Correct.

3 Q. That was awarded in 2014, right?

4 A. I don't know. That was before I was
5 on the grant. I'm not positive.

6 Q. Is this something that you submit --
7 is a document like this something you submit
8 every single year?

9 A. This is something that was
10 submitted -- okay. So I started January 2018.
11 They submitted the grant application in 2017,
12 were awarded, and then we were required this
13 year to apply competitively. I believe when
14 they applied every year, it's non-competitive,
15 meaning they should get it back unless there's
16 something really wrong with their application.
17 When we applied this year, it was competitive.
18 There were ten applicants and only three
19 awardees. The pot is very small as far as the
20 money that they give the core, which is -- this
21 is only \$125,000, and we're tasked to do many
22 different deliverables with that core grant.
23 Unfortunately, we were not awarded that grant
24 this year because of the competitive nature of
25 the grant. We were very grateful that they

1 found crisis funding to fund us through
2 September at the end of this -- until the end of
3 this year, and beyond that we'll have to apply
4 for more grants to meet the need. They saw the
5 need in Cuyahoga County, so they found crisis
6 money for it.

7 Q. So the Injury Prevention grant that
8 you are in charge of running will not continue
9 past the end of this month?

10 A. It will continue with the crisis
11 funding through the State of Ohio.

12 Q. Until September?

13 A. 30th.

14 Q. Of 2019?

15 A. Correct.

16 In March of this year they will be
17 releasing more funding so we can reapply to,
18 hopefully, continue beyond September 30th, 2019.

19 Q. Did the Department of Health
20 indicate why your application was not accepted?

21 A. No.

22 Q. But for the last 11 months you have
23 been working on directing the activities of CCBH
24 relating to this Injury Prevention grant,
25 correct?

1 A. Correct. My supervisor and myself,
2 correct.

3 Q. And this -- page 1 of this document
4 describes the personnel who are involved in this
5 program, correct?

6 A. Yeah. Page 1 and page 2, yes.

7 Q. And you're the first name listed
8 here?

9 A. Um-hum.

10 MS. QUEZON: Yes?

11 THE WITNESS: Yes.

12 Q. Project director, program manager,
13 grant coordinator, correct?

14 A. That's correct.

15 Q. This document indicates the various
16 responsibilities associated with your role,
17 right?

18 A. Yes. Again, they are fluid.

19 Q. What do you mean by they're fluid?

20 A. Meaning it could be more than this,
21 and usually is more than that, but this is the
22 core of what is required from the Ohio
23 Department of Health.

24 Q. That involves coalition building,
25 implementing PSEC strategies, right? What is a

1 PSEC strategy?

2 A. I was afraid you were going to ask
3 me that. So policy, systems and environmental
4 changes.

5 Q. What does that mean?

6 A. They're called PSECs that ODH puts
7 forth. Again, they're in our work plan.
8 There's about eight to ten that we're tasked
9 with that we have to accomplish, being -- let's
10 say, for example, policy change. We have to
11 work with college campuses to hopefully make a
12 policy change on college campuses let's say for
13 their emergency responders to carry naloxone.
14 That would be something they would like to see
15 as far as policy. Systems change may be in the
16 hospital. Environmental change may be with the
17 police force. Those are just some examples.

18 Q. These are categories of goals or
19 missions that the ODH wants you to complete?

20 A. Correct.

21 Q. Moving on -- and program evaluation.
22 What programs are you evaluating?

23 A. The Injury Prevention program.

24 Q. And what does your evaluation
25 entail?

1 A. Currently, since I'm new to the
2 position, we haven't done an evaluation yet.
3 I've been told it will be a logic model.

4 Q. What's a logic model?

5 A. It's -- it's a document that tracks
6 your inputs to the program and expected outputs,
7 so it tracks activities to make sure that you're
8 successful.

9 Q. Did you create this logic model?

10 A. I did not.

11 Q. Who created this logic model?

12 A. I would have to look at the authors
13 who created it. That was before I started. I'm
14 not positive.

15 Q. So you don't know who contributed to
16 help make --

17 A. I know three main contributors. I
18 don't know all of their names.

19 Q. Who are the three main contributors?

20 A. Allisyn Leffla, Vince Caraffi and
21 Dr. Tom Gilson.

22 Q. Who is Vince Caraffi?

23 A. He's my supervisor.

24 Q. How long have you known Vince
25 Caraffi?

1 A. I started working with him when we
2 did fall prevention education with seniors.

3 Q. Do you remember around what year
4 that was?

5 A. I'd have to look at my resume
6 because it was around the year I started
7 managing the program.

8 Q. Would that be 2006?

9 A. Around 2004, 2006. I mean, I've
10 been at the Board of Health since 1999, so you
11 know someone in passing in the hallway.

12 Q. How many employees -- I don't need a
13 specific number, but generally speaking, how big
14 is CCBH?

15 A. Now?

16 Q. Yes.

17 A. I think around 120.

18 Q. And how big was it when you started?

19 A. I have no idea.

20 Q. Was it smaller?

21 A. It was smaller.

22 Q. So it's grown over the years?

23 A. Yeah.

24 Q. So you met Vince Caraffi when you
25 were in the -- when you were program manager

1 from 2004 to 2006. How frequently did you
2 interact with Mr. Caraffi during that time
3 period?

4 A. Probably on a weekly basis.

5 Q. And what about in your next role,
6 program coordinator/management specialist in the
7 Aging programs and Dental Options program?

8 A. Probably weekly, biweekly.

9 Q. What did you and Mr. Caraffi meet to
10 discuss?

11 A. Well, initially, when we started for
12 the Home Injury Prevention program, we did home
13 visits with seniors to make sure that their home
14 was safe. We would do safety inspections and
15 give them suggestions as far as what they could
16 do to correct their home to make it safer.

17 Q. Safer for --

18 A. Fall prevention.

19 Q. Did those inspections include safety
20 relating to prescription medication,
21 poly-pharmacy, anything like that?

22 A. No. We would have liked that to
23 have been part of the model, but we were not
24 able to incorporate that.

25 Q. You were not able to incorporate

1 that for what reason?

2 A. Funding.

3 Q. So you requested to include that as
4 part of your operation but were denied?

5 A. Well, there was one pot of money.
6 There were two interested entities at the Board
7 of Health, one for fall prevention education,
8 one for medication management. One was housed
9 in community health. One was housed in nursing.
10 They said we can't fund one agency for two
11 projects, so they picked the project that they
12 wanted to fund.

13 Q. Who is "they"?

14 A. The Western Reserve Area Agency on
15 Aging.

16 Q. And they were the funders of this
17 project?

18 A. Initially, yes.

19 Q. And so do you recall when you sought
20 this funding, around what year?

21 A. I do not. Mr. Caraffi was the one
22 that sought the funding.

23 Q. Was it around 2006?

24 A. I'm sorry. I don't have the exact
25 year. I don't know.

1 Q. And at this time, in whatever year
2 it was, you requested and were denied funding
3 to, as part of your visits to the homes of
4 seniors, review with them prescription
5 medication safety? Is that a fair description?

6 MS. QUEZON: Object to the form.

7 A. We didn't apply. I didn't apply.
8 Vince didn't apply. There was another entity,
9 and I can't recall who it was. There was
10 another staff member that applied for that
11 funding. We wouldn't have been doing the
12 evaluation. It would have been one of the home
13 visiting nurses.

14 Q. Okay. But they were denied?

15 A. Correct.

16 Q. Okay. So looking back at this
17 prevention grant narrative, you have not had to
18 do a program evaluation yet?

19 A. Not yet.

20 Q. Vince Caraffi, has he done a program
21 evaluation for this grant before?

22 A. I have no idea. I can't speak to
23 that.

24 Q. Vince Caraffi had been involved with
25 the Cuyahoga County Opiate Task Force for a

1 number of years, correct?

2 A. That's my understanding.

3 Q. Do you have an idea of how he became
4 involved in that project?

5 A. No, I do not. I mean, I know that
6 they received the grant and he helped manage it.
7 I know in that capacity.

8 Q. Did he have an interest in this
9 issue?

10 MS. QUEZON: Object to form.

11 A. I don't know. I didn't speak with
12 him about that.

13 Q. So in your role as program
14 coordinator/case management specialist for the
15 Aging and Dental Options program from 2006 to
16 2015, you met with Vince Caraffi regularly?

17 A. Um-hum.

18 Q. But didn't speak to him about the
19 Cuyahoga County Opiate Task Force?

20 A. No, I didn't speak to him about the
21 task force. He spoke to me about writing the
22 grant, but the task force wasn't a main piece of
23 it. That was something that he was part of. We
24 didn't talk about it.

25 Q. You mentioned Allisyn Leppla?

1 A. Um-hum.

2 Q. Who is she?

3 A. I'm her predecessor. She helped
4 manage this grant and write the grant prior to
5 me stepping into the role.

6 Q. So you succeeded her --

7 A. Right.

8 Q. -- in this role?

9 A. Right.

10 Q. Did you interact with her prior to
11 your interest in this role? In other words --
12 let me rephrase that.

13 When you were in your role just
14 previous to this one, did you interact with
15 Ms. Leppla?

16 A. Informally. We would see each other
17 in the hallway or in the lunchroom.

18 Q. Did you interact with her on a
19 professional basis relating to the Injury
20 Prevention grant?

21 A. No.

22 Q. So you didn't have any involvement
23 in the grant prior to January 2018?

24 A. Not in the current role that I have.
25 As I said before, I did help them review the

1 grant when they were initially writing it
2 because they had never written a grant before
3 and I had, so they looked to me for advice, and
4 I just helped them with formatting basically.

5 Q. So your role in the grant
6 application was limited to formatting?

7 A. Correct. Sometimes at the Board of
8 Health, if you have other individuals who are
9 more proficient in grant writing, we will ask
10 people to review it. So I helped review it,
11 made sure the formatting was correct.

12 Q. And you didn't comment on the
13 substance at all?

14 A. Not to my recollection. That was
15 many years ago.

16 Q. Why did Ms. Leppla leave the
17 Cuyahoga County Board of Health?

18 A. She -- I can't answer for her. I
19 just know what position she moved to.

20 Q. And what position was that?

21 A. I can't remember her exact title,
22 but it was at the Center for Health Affairs, and
23 she was helping -- she was an executive director
24 to help lead the hospital consortium.

25 Q. Did she ever communicate with you

1 about why she was leaving?

2 A. She saw it as an opportunity for
3 growth basically. I believe that was what she
4 conveyed to me.

5 Q. Did you hear anything else about --
6 from her or from anyone else about why she left?

7 A. No.

8 Q. When did you become interested in
9 this current role?

10 A. When the position was posted.

11 Q. Which was when?

12 A. I don't know. I'd have to look at
13 the position posting from CCBH.

14 Q. You don't have any recollection
15 about --

16 A. It was in 2017 at some point.

17 Q. At some point in 2017. Beginning of
18 2017?

19 A. I don't know.

20 Q. Was it posted after she left?

21 A. Yes. It would have had to have been
22 because they would have had to have received her
23 resignation.

24 Q. So did you talk to her about the
25 position once the position was posted?

1 A. No.

2 Q. You didn't ever speak with her about
3 the nature of her role, how much work it was,
4 what she did, et cetera?

5 A. To be honest with you, it was last
6 year. Sometimes I can't remember what happened
7 yesterday. So I will be honest with you, that I
8 cannot remember if I talked to her about that or
9 not.

10 Q. Have you spoken with Ms. Leppla
11 since she left CCBH?

12 A. Yes. We're friends.

13 Q. You're friends.

14 Have you spoken about your work at
15 CCBH with her?

16 A. Sure. Yeah. Everybody discusses
17 that with friends.

18 Q. Okay. And when you were selected
19 for this position that you currently hold, did
20 she provide any information or insight to you
21 about the nature of the role?

22 A. No. I mean, I asked her, you know,
23 basically, you know, is it a lot of work or if I
24 was working with an individual, what's the
25 history, what role did you play, because I

1 wanted to live up to her role and step into her
2 shoes. I didn't want there to be any lag time
3 for this program. There can't be lag time for
4 this program. You can't lose footing. So the
5 only thing she would provide to me is just
6 support and telling me -- she actually offered
7 to come in and help review information with me,
8 which I did not accept that; I wasn't going to
9 ask her to do that.

10 Q. Did she provide any documents to
11 you?

12 A. No.

13 Q. The other individual you mentioned
14 is Dr. Gilson?

15 A. Um-hum.

16 Q. Who is he?

17 A. He's the medical examiner for
18 Cuyahoga County.

19 Q. Do you know him personally?

20 A. I just know him from working with
21 him.

22 Q. So you have met him before?

23 A. Um-hum.

24 MS. QUEZON: Yes?

25 THE WITNESS: Yes.

1 Q. And how many times have you met him?

2 A. I'd say probably around ten.

3 Q. What is the nature of your
4 interaction?

5 MS. QUEZON: Object to form.

6 Q. In other words, on the ten occasions
7 that you've met with him, has it been relating
8 to your work on the Injury Prevention program?

9 A. Yes. So by saying I've met with
10 him, I haven't met with him one-on-one
11 personally; I've been in meetings with him.

12 Q. I see.

13 What is his relationship to the
14 Injury Prevention program?

15 MS. QUEZON: Object to form.

16 A. His role is to provide data that we
17 report out to the community on overdoses.

18 Q. Do you review that data?

19 MS. QUEZON: Object to the form.

20 A. I look at the data. I'm not an
21 epidemiologist or a statistician, so I can't
22 define what the data means, but I review the
23 data.

24 Q. Is it part of your job description
25 to review the data?

1 A. Sure.

2 Q. For what purpose?

3 A. I review the data so that we have an
4 overdose fatality review. We have to look and
5 see if there's certain trends in Cuyahoga County
6 that are occurring, and we have to report that
7 back to the Ohio Department of Health.

8 Q. And so when you say you are in
9 charge of -- for example, this document says,
10 "Case reviews from the Overdose Fatality Review
11 Community," and you indicated that you have
12 looked at the data. Can you tell me exactly
13 what a case review entails?

14 A. I cannot, because, like I said, it's
15 fluid. Sometimes it will encompass all of this,
16 but then not all, so my supervisor, Vince
17 Caraffi, is actually the individual that meets
18 with Dr. Gilson for the case reviews.

19 Q. So you don't have any involvement in
20 the case reviews from the Overdose Fatality
21 Review Committee?

22 A. I have not yet. And, again, this is
23 my first year, so I'm getting used to what my
24 responsibilities are. That may be part of my
25 role next year.

1 Q. The next item on this job
2 description says, "Coordinating education and
3 policy development on local college campuses."
4 What kind of education and policy development on
5 local campuses are you helping to coordinate?

6 A. So we contract with Recovery
7 Resources, and they help coordinate the efforts
8 on college campuses. I review what they're
9 initiating, make sure it's on task with our
10 deliverables with the Ohio Department of Health.
11 So my role is, again, the program coordinator.
12 Some of these tasks we contract out to
13 sub-grantees. It's not me doing all of it.
14 That would be impossible for the amount of money
15 that we get. Even for them to do it with the
16 amount of money that we get, it's impossible.

17 Q. Right. So can you tell me what your
18 involvement is in coordinating education and
19 policy development with Recovery Resources?

20 A. Sure.

21 I meet with Recovery Resources, I
22 get updates from them as far as progress that
23 they've made on college campuses, and I might
24 make suggestions to help them move forward with
25 it.

1 Q. What kind of suggestions might you
2 make?

3 A. Again, my knowledge is limited since
4 I started in January, so I'm literally learning.
5 I do help lead the policy team for the State of
6 Ohio for something called PDAAG. It's the
7 Prescription Drug Awareness Action Group. So
8 I'm learning through them. They have a lot more
9 experience than I do in this realm. So I might
10 make a suggestion as far as a contact that my
11 supervisor might have. I would do research as
12 far as policies that have been implemented on
13 other campuses that they might be able to
14 implement on Cleveland State campus.

15 Q. How do you research that?

16 A. The internet.

17 Q. What's PDAAG?

18 A. It's the Prescription Drug Abuse
19 Action Group. It's through OIPP, which is the
20 Ohio Injury Prevention program at the State of
21 Ohio. It's a statewide coalition.

22 Q. And what is your involvement with
23 PDAAG?

24 A. So we also were given \$60,000 from
25 the State of Ohio. And, again, this is prior to

1 my role, but I subsequently stepped into it, and
2 in coordinating the coalition for the State of
3 Ohio. So setting up speakers, making sure the
4 speakers are relevant, taking minutes, reporting
5 the minutes out, getting those to ODH, getting
6 the reports to ODH, making sure that all the
7 subcommittees are on task as far as the PDAAG
8 strategic plan that they have.

9 Q. What exactly is your title or role
10 within PDAAG?

11 A. I don't have a title or role right
12 now with PDAAG. My supervisor is the chair.

13 Q. Who is that?

14 A. That's Vince Caraffi.

15 Q. And you're not a chair of a
16 subcommittee?

17 A. I am a chair of the policy
18 subcommittee.

19 Q. You're the chair of the policy
20 subcommittee?

21 A. Yeah. I stated that.

22 Q. And what does the policy
23 subcommittee of PDAAG do?

24 A. Right now we're in the infancy
25 stages. They just established the strategic

1 plan in March. So we've been having conference
2 calls around what kind of policy changes we may
3 be able to make in different areas. And, again,
4 we're learning from each other since this is a
5 new field for all of us.

6 Q. What are some of those areas?

7 A. Specifically, we're hoping to make a
8 recommendation for high school campuses to carry
9 naloxone. We're also looking at doing training
10 with local law enforcement to encourage them to
11 all use ODMAPs, which is a mapping system that
12 tracks overdoses.

13 Q. Any other kinds of policies that you
14 --

15 A. Those are the two main policies
16 we're looking at.

17 MS. QUEZON: Hey, Brad. We've been
18 going about an hour. Finish up whatever you
19 want to finish up, but if we can maybe, you
20 know, within the next 10 or 15 minutes take a
21 break.

22 MR. MASTERS: I think this is a fine
23 place to take a break.

24 THE VIDEOGRAPHER: Off the record,
25 10:08.

1 (Recess had.)

2 THE VIDEOGRAPHER: On the record,

3 10:26.

4 BY MR. MASTERS

5 Q. Hi, Ms. Vince. Welcome back.

6 A. Thank you.

7 Q. Let's continue reviewing the Exhibit
8 Number 4, the Injury Prevention grant. We've
9 been discussing your role as project director.

10 After "Coordinating education and
11 policy development on local college campuses,"
12 it says, "Coordinating physician education
13 curriculum at MetroHealth and expansion of
14 Project DAWN."

15 What do you do to coordinate
16 physician education curriculum at MetroHealth?

17 A. So this is one of the deliverables
18 that we contract with Metro for. I personally
19 help coordinate the physician education
20 curriculum by basically instructing MetroHealth
21 that they need to be doing proper prescribing
22 guideline curriculum and also proper usage of
23 OARRS. That's a database where they're supposed
24 to enter any opiate that they prescribe to an
25 individual. Not all doctors utilize that. It's

1 the goal for the State of Ohio for all doctors
2 to be utilizing that.

3 So, again, I wasn't involved with
4 the initial coordination. The role that I play
5 now is making sure that they stay on target and
6 meet numbers for the deliverables for the State
7 of Ohio.

8 Q. You mentioned that you instruct them
9 to complete this physician education. Do you
10 meet with them in person to give that
11 instruction?

12 A. So this was set up initially, again,
13 by Allisyn Leppla and Vince Caraffi. Stepping
14 into the position, the role that I have played
15 with them is reviewing the education materials
16 that they have, and, also, I've attended several
17 of their trainings with the physicians.

18 Q. What does your review of the
19 materials they have entail?

20 A. Basically, them giving me their
21 PowerPoint that they're going to use.

22 Q. And so you read these PowerPoints
23 and determine whether they're satisfactory?

24 A. Dr. Papp sets forth the material,
25 and the only requirement from our -- my role is

1 that any proper prescribing guidelines are the
2 ones that the CDC recommends.

3 Q. What are proper prescribing
4 guidelines?

5 A. I was afraid you were going to ask
6 that. I don't know as a social worker what
7 they're supposed to be. I think a pharmacist --

8 Q. I didn't ask what they're supposed
9 to be. What is your understanding of what
10 proper prescribing guidelines are?

11 A. Whatever the CDC says they are.

12 Q. And a prescribing guideline is what?

13 A. It -- basically, from my
14 understanding, it tells a physician how to
15 properly prescribe a medication.

16 Q. And the CDC --

17 A. The Center for Disease Control.

18 Q. The CDC issues these prescribing
19 guidelines; is that correct?

20 A. They're recommendations. There's no
21 policy in place.

22 Q. And then you review MetroHealth
23 materials to make sure that they reflect what
24 the CDC is recommending?

25 A. Yes. They have an Office on Opiate

1 Safety.

2 Q. Who has --

3 A. MetroHealth.

4 Q. MetroHealth has an Office on Opioid
5 Safety?

6 A. Opiate Safety.

7 Q. Opiate Safety. What is that office?
8 What does that office do?

9 A. I can't speak to everything that
10 they do.

11 Q. What is your understanding of what
12 that office does?

13 A. In the capacity that we fund them,
14 we help provide funding for part of their staff
15 for their Project DAWN and also their
16 Alternatives to Incarceration project. We were
17 given money from the State of Ohio for that
18 project as well.

19 Q. And you interact with Joan Papp you
20 said?

21 A. I personally do not directly
22 interact with her. We can e-mail back and forth
23 sometimes, but one on one I've met with her a
24 couple times in the past year.

25 Q. Who is she?

1 A. She's the director.

2 Q. She's the director of the Office on
3 Opioid Safety?

4 A. Well, Emily Metz is also -- I'm not
5 sure of the exact titles. I have to be honest
6 with you.

7 Q. That's fine.

8 A. Okay.

9 Q. But Joan Papp is affiliated with the
10 Office of Opiate Safety?

11 A. Correct.

12 Q. And so is Emily Metz?

13 A. Correct.

14 Q. And who is Emily Metz?

15 A. She helps with the Office on Opiate
16 Safety and helps facilitates projects that they
17 have. She oversees all activities.

18 Q. And what -- what else do you
19 understand about the purpose, role or function
20 of the Office on Opioid Safety?

21 A. They give out naloxone kits. They
22 do Narcan trainings with the public on proper
23 usage of Narcan. They do that both with the
24 physicians and, also, they have open hours for
25 the community. They help man four clinics

1 throughout Cuyahoga County that distribute
2 Narcan. I've been on a panel with them at Case
3 for medical students doing education around
4 Narcan and its usage. I'm sure they do much
5 more than that, but that's my relationship with
6 them.

7 Q. And does the Office -- is the Office
8 on Opioid Safety the department, as you
9 understand it, that does the physician education
10 and prescribing education?

11 A. Um-hum. Yes.

12 Q. So Joan Papp, through the Office of
13 Opioid Safety, leads efforts to -- to educate
14 physicians on how to prescribe opioids?

15 A. Proper prescribing guidelines.

16 Q. Proper prescribing guidelines.

17 Is that curriculum, as you
18 understand it, limited to physicians at
19 MetroHealth or is it broader than that?

20 A. As I understand it, it's specific to
21 their physicians at MetroHealth. Again, we
22 contract with them for MetroHealth. I'm not
23 aware of other physicians attending this
24 education component. They may, but I'm not
25 aware of.

1 Q. Why are prescribing guidelines --
2 why are proper prescribing guidelines important?

3 MS. QUEZON: Object to the form.

4 A. Again, as my role at the Board of
5 Health, I don't feel qualified to answer that
6 question.

7 Q. But you have -- you've been
8 reviewing these PowerPoints and reviewing the
9 CDC recommendations and you've been in this role
10 now for a year, which you said is a highly
11 visible role and it's very important.

12 A. Um-hum.

13 Q. It's in the news. So, in your view,
14 why do prescribing -- why is it important to
15 have prescribing guidelines?

16 MS. QUEZON: Object to the form.

17 A. Again, I agree that this is a highly
18 visible program. It's a very important issue
19 that needs a lot of attention. As my role
20 relates to proper prescribing guidelines, we
21 contract with MetroHealth to lead that
22 initiative, and they follow the CDC guidelines.

23 Q. My question is --

24 A. Why do I think they're important?

25 Q. Different than that, right. It's

1 why, in your view, do you think that prescribing
2 guidelines are important?

3 MS. QUEZON: Same objection.

4 A. Same answer. My role is not to have
5 an opinion either way whether they're important
6 or not. My role at the Board of Health as
7 Injury Prevention coordinator is to make sure
8 that all of our deliverables are met either
9 through our staff or staff that we contract
10 with. That's my role; not to have an opinion on
11 that.

12 Q. I understand that's your role, but I
13 am asking about your opinion because you're here
14 today to give testimony about what you have done
15 and what you've learned and what you've
16 experienced in your role as Injury Prevention
17 program director.

18 A. Agreed.

19 Q. So I understand that you do not view
20 your role as having an opinion, but I'm asking
21 for your opinion. What -- in your view, are
22 prescribing guidelines important?

23 MS. QUEZON: Object to the form.

24 A. Again, I would have to defer to an
25 epidemiologist, a pharmacist or physician to

1 answer that question, not me. I'm not a
2 specialist.

3 Q. So you do not have a view one way or
4 the other about whether prescribing guidelines
5 help prevent injury?

6 MS. QUEZON: Same objection.

7 A. Again, I'm telling you honestly, I
8 don't feel qualified to even give an opinion on
9 that. My role is to direct deliverables from
10 the Ohio Department of Health and make sure that
11 those are met through either our staff or our
12 contractors that we contract with. I'm not
13 offering an opinion on that topic.

14 Q. I'm asking for your opinion on that
15 topic here, so I --

16 A. I agree in some capacity there
17 probably is a place for proper prescribing
18 guidelines. I cannot define what those are or
19 how they should be implemented.

20 Q. So you think that there is a place
21 for proper prescribing guidelines?

22 A. I agree there could be a place for
23 proper prescribing guidelines. I do not feel
24 qualified to answer where that would be or what
25 they would be.

1 Q. But do you have a view on it?

2 A. That's my view.

3 Q. What is your view?

4 A. That there is a place for proper
5 prescribing guidelines.

6 Q. And what is your view about the
7 place for proper prescribing guidelines?

8 MS. QUEZON: Object to the form.

9 A. I'll state again. I'm not
10 professionally trained to state where they would
11 take place or what they would be. I'm not a
12 physician. I'm not an epidemiologist. I'm not
13 qualified to say where or how they would take
14 place.

15 Q. So your view is that they have a
16 place but you don't have a view as to -- you
17 don't have an opinion, whether it's qualified or
18 not, about what that place is?

19 A. No.

20 Q. So you haven't thought about what
21 role prescribing guidelines play in injury
22 prevention?

23 A. The only way that I've thought about
24 it is through MetroHealth and the training that
25 they do, again, implementing CDC recommended

1 guidelines.

2 Q. And tell me more about that. What
3 have you thought about prescribing guidelines in
4 the course of your role with MetroHealth?

5 MS. QUEZON: Object to the form.

6 A. My role with MetroHealth, as it
7 relates to proper prescribing guidelines, is
8 making sure that they're adhering to the CDC
9 guidelines that have been set forth in educating
10 their physicians on such. That's my role.

11 Q. Perhaps I misunderstood you. I
12 thought you said that you have thought about the
13 place of prescribing guidelines in the course of
14 working with MetroHealth. Is that fair?

15 MS. QUEZON: Object to the form.

16 A. Could you repeat that?

17 Q. I thought you had testified a moment
18 ago that in the course of working with
19 MetroHealth on their physician education
20 curriculum, that you thought about or have had
21 thoughts about the place or role of prescribing
22 guidelines.

23 MS. QUEZON: Same objection.

24 A. I thought I said there probably is a
25 place for proper prescribing guidelines, but I

1 am not the person to determine where that place
2 is or what they would be.

3 Q. What's Project DAWN?

4 A. That's the project where they
5 educate people on usage of naloxone.

6 Q. And you coordinate education and
7 policy development relating to Project DAWN?

8 A. No.

9 Q. Sorry. You coordinate the expansion
10 of Project DAWN?

11 A. What we do -- so one deliverable
12 that we're tasked with through the state is
13 expanding Project DAWN sites. Contracting with
14 Metro, we help to facilitate connections,
15 whether it be with EMS or local free clinics
16 where they could possibly establish a site. So
17 let's say there's three sites for 2019; they
18 might want to see four sites.

19 Q. You also provide oversight to field
20 component in family medicine and preventative
21 medicine. Can you tell me what that entails?

22 A. Sure.

23 So initially that was supposed to be
24 a deliverable that was going to be met through
25 Case Western Reserve. When I stepped on, I

1 found out that that deliverable is not able to
2 be met because of the -- the doctor that was
3 leading that initiative had left and no one took
4 over his initiative, so that was not met.

5 Q. So you didn't do anything with that
6 initiative at all?

7 A. No.

8 Q. And, last, "assisting with the
9 coordination of the PDAAG, its work groups and
10 mini-grant projects."

11 A. Sure.

12 So that is what I spoke about
13 previously. At the State of Ohio they have the
14 subcommittee the Prevention Drug Awareness Abuse
15 Action Group. And so the work groups that they
16 have in the strategic plan, they have several
17 work groups, again, me leading up policy, and
18 I'm responsible for making sure that they stay
19 on task with the strategic plan.

20 As far as mini-grants, they have
21 given us a very small amount of money, which is
22 almost laughable -- it's about \$20,000 -- where
23 we have to create an RFP out to the community,
24 which is the State of Ohio. Any agency can
25 apply for grants in amounts up to \$5,000 to

1 implement some kind of prevention strategy to
2 either increase awareness around opioid use and
3 abuse -- it could be -- Detera pouches was one
4 of the mini-grants, which is the proper disposal
5 of medications. We did fund several of those
6 across the State of Ohio, which is a drop in the
7 bucket as far as funding goes to be able to make
8 any kind of difference, but we're grateful for
9 something. So that's what the mini-grants are.

10 Q. The \$20,000 mini-grants, is that
11 part of the yearly amount that you are given
12 through the Injury Prevention grant?

13 A. No. That's supplemental. It's in
14 addition to.

15 Q. And that \$20,000 comes from the
16 state?

17 A. Correct.

18 Q. The Ohio Department of Health?

19 A. Correct.

20 Q. You mentioned earlier \$60,000
21 related to PDAAG; is that correct?

22 A. Correct.

23 Q. Is that separate from the Injury
24 Prevention grant?

25 A. Correct.

1 Q. And that money comes from where?

2 A. The State of Ohio. Again, the State
3 of Ohio directing everything that we do with
4 those dollars, we have to stay within the
5 parameters that they give us. We recognize
6 there could be much more that can be done.
7 That's why locally we try to find local funders
8 and we need the money to stay local so that we
9 can do the work that needs to be done and not
10 just stay within the parameters of the State of
11 Ohio.

12 Q. You mentioned that the \$20,000 for
13 mini-grant projects was laughable.

14 A. Yes.

15 Q. What did you mean by that?

16 A. It's a very, very small amount of
17 money to even make a small impact on the
18 opioid -- with what's happening with opioids
19 right now. Again, grateful.

20 Q. The State of Ohio determines how
21 much money you get; is that correct?

22 A. Correct.

23 Q. And so any decision to give --
24 strike that.

25 Does any of the money for the Injury

1 Prevention grant come from Cuyahoga County?

2 A. So the way it filters is it is
3 federal dollars that's filtered to the State of
4 Ohio. The State of Ohio filters it to CCBH and
5 it becomes our money. We get no money from the
6 county executor's office.

7 Q. So they don't provide any money for
8 the opioid or opiate-related activities that
9 CCBH is doing?

10 A. Correct.

11 Q. So as part of your job description
12 then, we've talked about coalition building,
13 PSEC strategies, coordinating education and
14 policy developments, prescribing curriculum.
15 We've talked about OARRS, Project DAWN, PDAAG,
16 co-chairing the policy committee of PDAAG, its
17 work groups, deciding mini-grant projects.
18 That's a pretty big job, it sounds like.

19 A. It's a lot of work.

20 Q. A lot of work.

21 And it requires -- would you say
22 that it's required you to learn a lot over the
23 past year?

24 A. Absolutely.

25 Q. What have you done to learn and

1 study issues relating to the opioid and opiate
2 abuse problem to prepare yourself for this role?

3 MS. QUEZON: Object to the form.

4 A. So not knowing if I would get the
5 position or not, I didn't do anything leading up
6 to. I mean, you hear things in the news, but I
7 didn't take any courses or anything like that.

8 Once I was awarded the position, you
9 know, there's -- I'm a social worker, so we have
10 to have certain CEUs. There's conferences that
11 you go to. I can't remember what it stands for.
12 It's HPIO. I think it's Health Policy in Ohio
13 group. They had a conference around it. So I
14 went to that in Columbus. When we go to our
15 meetings in Columbus, they have speakers that
16 speak specifically to this issue. So soaking in
17 every bit of information I can through those
18 venues.

19 Q. So you attended conferences. Did
20 you read articles about it?

21 A. Sure.

22 Q. Did you -- what were some articles
23 that you read?

24 A. One that comes off the top of my
25 head is the Martinsburg project, and that's

1 specific to the ACEs grant that we're working
2 with with how it relates to opioids and how the
3 police department were involved. I would have
4 to go back to my calendar to look at the
5 specifics as far as how many conferences and
6 documents that I've read.

7 Q. Okay. Do you remember any -- did
8 you read any books about the issue?

9 A. I started reading Dreamland by
10 Sam -- Quinones I think his last name is. I did
11 not finish it.

12 Q. When did you start reading that?

13 A. Probably the beginning of 2018.

14 Q. The beginning of 2018.

15 What else did you do to understand
16 the opioid issues?

17 A. Talked to people on the task force.

18 Q. Talked to people on the task force.
19 Who did you talk to on the task force?

20 A. I can't give you specific names. I
21 mean --

22 Q. Can you remember any?

23 A. I mean, well, Dr. Papp has given
24 presentations, so I take information from her
25 presentations. Dr. Gilson has given

1 presentations, so I've learned from his
2 PowerPoints that he's given. There was an
3 addiction specialist. He's a psychiatrist at
4 Southwest Hospital. He gave a presentation --
5 it was very interesting -- about the medical
6 background of addiction. Those are some I can
7 think of off the top of my head.

8 Q. You mentioned a presentation by Joan
9 Papp. What did she present on?

10 A. Well -- so it was her department
11 that presented, I should say. They presented on
12 the work that was being done at the Office on
13 Opiate Safety.

14 Q. On prescribing guidelines?

15 A. I would have to look at the
16 PowerPoint to see specifics. I do not believe
17 that that was part of the PowerPoint.

18 Q. Okay. So once you're promoted to
19 this very visible role, you worked hard to try
20 to understand opioid-related issues?

21 A. Yes.

22 Q. You mentioned some conversations
23 with individuals on the task force. This is the
24 Cuyahoga County Opiate Task Force?

25 A. Correct.

1 Q. What were those conversations about?

2 A. Again, I can't recall specifics. I
3 know that we have had conversations around
4 creating logic models for the subcommittees. So
5 we have a treatment and recovery subcommittee
6 and we have an education subcommittee. I would
7 have to have conversation with them as far as
8 what they were doing, what tasks that they were
9 proposing for the coming year as it relates to
10 opiates.

11 Q. These conversations would have taken
12 place around the time you started -- or when did
13 these conversations take place?

14 A. I would have to look at the e-mails
15 that I sent to them for exact dates. It was
16 sometime within 2018 obviously. Probably
17 spring, summer, when we started looking at logic
18 models.

19 Q. I'm speaking -- so let's step back
20 from the logic models part and let's get back to
21 sort of your conversations with the Cuyahoga
22 County Opiate Task Force relating to opioids and
23 opiates and the drug abuse problems that exist.

24 Those conversations took place
25 around the time that you came into this new

1 position; is that fair?

2 MS. QUEZON: Object to the form.

3 A. Again, I can't give you specific
4 dates, and to be honest with you, I was more of
5 an observer when I first stepped into the
6 position, kind of learning what the program was,
7 what my role was going to be, and I didn't step
8 into being the co-chair until recently, when
9 my --

10 Q. The co-chair of?

11 A. Of the task force.

12 Q. So you're currently the co-chair --

13 A. Correct.

14 Q. -- of the Cuyahoga County Opiate
15 Task Force?

16 A. Correct. My supervisor was the
17 chair prior to me.

18 Q. Okay. You testified that you worked
19 hard to understand opioid-related issues.

20 A. And I'm still working hard.

21 Q. And you're still working on it. And
22 that some of what you did involved conversations
23 with opiate task force members, and you
24 mentioned conversations about logic models.
25 What other conversations did you have with the

1 Cuyahoga County Opiate Task Force members
2 relating to opioids?

3 MS. QUEZON: Object to the form.

4 A. I have to be honest. I can't
5 remember exact conversations. I talked to
6 people after meetings, you know. I talked to
7 people before the meetings. I can't remember
8 exact conversations we had or even the content
9 of conversations that we had. I can't remember
10 what I talked to my husband about yesterday.
11 I'm being honest.

12 Q. Again, I'm not necessarily asking
13 for specific conversations on specific dates,
14 but generally speaking, did you ask about how
15 this problem started, for example?

16 A. No.

17 Q. Did you -- have you ever
18 investigated -- in the course of your work as
19 the opiate task force co-chair, have you ever
20 looked at or thought about how the current
21 opiate abuse problem started?

22 A. Since I currently stepped into the
23 role, I'm still learning, basically observing,
24 and looking at how it started. I've seen stuff
25 on the news. As far as reading when or how it

1 started, I haven't discussed specifics with
2 anyone. We know there's a problem. That's what
3 we know. And that's my role to know that now
4 and how do we address it now. It's not my role
5 to go back and say how it started or who started
6 it or when it started. It's my role to address
7 what are we going to do about it now.

8 Q. So in your role as the Cuyahoga
9 County Opiate Task Force co-chair --

10 A. Yes. That's a tenth of my position
11 at the Board of Health.

12 Q. A tenth of your position at the
13 Board of Health. What do you do?

14 A. As the co-chair?

15 Q. Yes.

16 A. Talk to people getting their logic
17 models done because, again, that's a deliverable
18 set by the State of Ohio and I'm very confined
19 to what needs to be done and the time frame it
20 needs to be done with the money that we have.
21 We have to follow a work plan. We set up
22 speakers for the task force. And next year we
23 have to create a strategic plan.

24 Q. What kind of speakers do you set up?

25 A. So I haven't -- I've only set up

1 speakers for one meeting. That was the last
2 meeting that we had. It was centered around --
3 Circle of Health did a speech on their harm
4 reduction efforts. There was another individual
5 that spoke about an event coming up around
6 opioids and families. And then we had
7 St. Vincent Medical -- Charity Medical Center
8 talk about their new outpatient program.

9 Q. How do you research which speakers
10 to invite?

11 A. To be honest, I don't have to
12 research. They come to me and say, "Can I
13 speak?"

14 Q. How do you make a determination as
15 to who should speak?

16 A. I talk to my supervisor and we kind
17 of agree, and, also, we have open-ended forum at
18 the end where anyone can speak.

19 Q. But do you make the decision
20 ultimately?

21 A. No.

22 Q. Who makes that decision?

23 A. That would be between -- well, right
24 now that would be between myself and Beth
25 DeJesus at the ADAMHS Board.

1 Q. Why is she involved in that
2 decision?

3 A. So last year at some point -- again,
4 I don't know the exact date -- the State of Ohio
5 determined that the ADAMHS Board must be the hub
6 in all counties in Ohio for the opiate task
7 force, so they are the legal hub of the opiate
8 task force. Therefore, we had to, obviously,
9 reach out to them and say I guess legally now
10 you have to be the hub even though the Board of
11 Health have had it for so many years, so now we
12 -- she's a co-chair.

13 Q. And how has that affected the nature
14 of CCBH's involvement?

15 A. Not at all. We're still as
16 involved, but now, instead of having all the
17 meetings on our terms, you know, we'll have some
18 at the ADAMHS Board, some at the Board of
19 Health. Beth may lead -- Beth is leading the
20 next meeting. I'll probably lead the new one in
21 the new year. So we're sharing
22 responsibilities.

23 Q. And you mentioned that Beth has
24 decision-making authority for speakers. Is
25 there anything else that the ADAMHS Board now

1 has decision-making authority for?

2 A. Not to my knowledge.

3 Q. So you control how the money is
4 being directed?

5 A. Define what you mean by money being
6 directed.

7 Q. So funding relating to the Cuyahoga
8 County Opiate Task Force.

9 A. Correct. That comes to CCBH.

10 Q. And even though ADAMHS is the legal
11 hub, you guys make the decision as to where that
12 goes?

13 A. Right now.

14 Q. And that money for the Cuyahoga
15 County Opiate Task Force comes from the state?

16 A. Correct. Well, that's one of our
17 deliverables. I'll state that.

18 Q. What do you mean by that?

19 A. I would have to provide the work
20 plan for you. We have certain deliverables.
21 There's about eight pretty heavy deliverables
22 that we have to meet. And that's just one of
23 them is to have a task force and to manage it.

24 Q. As co-chair of the Cuyahoga County
25 Opiate Task Force, do you have a presenting or

1 conducting role at Cuyahoga County Opiate Task
2 Force meetings?

3 A. I open the meeting, I introduce the
4 speakers, and close the meeting. Again, I'm new
5 to the role, so I've only done it twice, like
6 really one and a half times because the other
7 half was my supervisor. My supervisor served in
8 that capacity before me. This is just in
9 October.

10 Q. And are you the point of contact for
11 Cuyahoga County Opiate Task Force members?

12 A. Myself and Beth.

13 Q. So when somebody wants to reach out
14 with an idea about what the task force ought to
15 do, they will e-mail you and Beth or do they
16 sometimes e-mail you?

17 A. So that's a transition right now
18 just because it always went to my supervisor.
19 He still gets requests, and he will filter that
20 to both Beth and I until people get familiar
21 with the new contacts.

22 Q. So your -- you continue to study the
23 issue of opioid-related issues, right?

24 A. Yes, when I have extra time.

25 Q. And -- but you've been studying and

1 reading as much as you can within the time that
2 you have?

3 A. Um-hum.

4 Q. Do you feel like you have a -- is
5 that information useful to you as you co-chair
6 the opiate task force or -- yeah. Is that
7 information useful to you as you co-chair the
8 opiate task force?

9 A. Sure. To have any kind of knowledge
10 base on which your job is positioned is helpful.

11 Q. In some ways it's probably necessary
12 to know about the opioid drug abuse problem in
13 order to co-chair the task force, right?

14 A. Correct.

15 Q. So you have to use that -- that
16 knowledge is necessary to conduct the daily
17 activities?

18 A. I wouldn't -- I wouldn't say daily,
19 but yes I'll say.

20 Q. It's necessary to conduct --

21 A. Activities.

22 Q. -- the operations relating to the
23 task force?

24 A. Yeah.

25 Q. And if you didn't know much about

1 the opioid abuse epidemic, you probably wouldn't
2 be a very effective co-chair of the Cuyahoga
3 County Opiate Task Force?

4 MS. QUEZON: Object to the form.

5 A. Again, being new to the position,
6 I'm still learning what that person needs to
7 know. I'm educating myself because of other
8 things that I have to do, not just the task
9 force.

10 Q. In your role as the prevention -- or
11 Injury Prevention project director and the
12 Cuyahoga County Opiate Task Force co-chair, do
13 you ever do any public speaking relating to
14 opioid issues?

15 A. I have not yet, no.

16 Q. You have not yet. So you have never
17 given a presentation on opioids?

18 A. I take that back. Before I was
19 co-chair, I did do a presentation as the program
20 manager at the drug courts. I've done two.

21 Q. And what was that presentation?

22 A. So Judge Synenberg requested us to
23 speak at her drug courts. One was towards
24 females and one was towards males. And the
25 first presentation -- well, actually, both

1 presentations I did with a nurse at the Board of
2 Health, and I presented kind of what the -- like
3 what is an opioid, what is an opiate, and talked
4 about data that the medical examiner has given
5 us as far as overdose rates, and then the nurse
6 stepped in to dispel kind of contraception
7 issues with the females and males.

8 Q. So you came into this -- sorry. Was
9 it the female-only group?

10 A. There was females first and then
11 males.

12 Q. You presented to both?

13 A. Correct.

14 Q. You came in and you gave a
15 presentation about what an opioid is, what an
16 opiate is, and the problems facing Cuyahoga
17 County relating to opioids?

18 A. We would give death data.

19 Q. Death data?

20 A. Correct.

21 And I'd have to have that
22 presentation in front of me to tell you exactly
23 what we talked about.

24 - - - - -

25 (Thereupon, Vince Deposition Exhibit

1 5, Ohio's Drug Overdose Epidemic:
2 Contributing Factors and Ongoing
3 Prevention Efforts Presentation
4 Outline, was marked for purposes of
5 identification.)

6 - - - - -

7 Q. Showing you what's been marked as
8 Exhibit 5, does this look like a copy of the
9 presentation that you gave?

10 A. No.

11 Q. It does not?

12 A. No.

13 Q. I'll represent to you that when this
14 was produced, this was produced under the title
15 "Standard Opiate" -- sorry, one second --
16 "Standard Opiate Presentation."

17 A. I believe this is a document that my
18 supervisor has utilized to do presentations that
19 he has given. I have not utilized this.

20 Q. So if you look at the very last page
21 of this document, is that your name on it?

22 A. Yes.

23 Q. And you have never seen this
24 document before?

25 A. I don't know if I've seen this exact

1 document. I believe it to be the document that
2 my supervisor uses when he does presentations to
3 the public, and he asked if he could place my
4 name on there, when I stepped into the role, as
5 a contact when he would do his presentations.

6 Q. And when you gave your presentation
7 to the drug court, did you rely on this
8 presentation to make yours?

9 A. No.

10 Q. Do you have a copy of your
11 presentation?

12 A. Somewhere. It's an electronic file
13 on my desktop.

14 Q. Do you recall what the name of that
15 file was?

16 A. I don't. I'm really sorry.

17 Q. Do you recall when you made that
18 presentation?

19 A. I'm trying to remember if it was
20 warm out or not if we went there. I don't
21 remember the date. I think it was in the
22 summertime sometime.

23 Q. In the summertime?

24 A. Yeah. I'm not positive.

25 Q. If you look at page 3 -- excuse me,

1 page 4. It starts with the title "Definitions."
2 Have you seen this page before?

3 A. I might have. I look at so many
4 documents. I don't know for sure. I can't say
5 it's the exact same document I may have looked
6 at before.

7 Q. Have you seen -- have you seen a
8 description of opiate and opioid before?

9 A. Sure. I've read it before.

10 Q. And what is your understanding of
11 what an opiate is?

12 A. My understanding of what an -- so an
13 opioid is synthetically made. This is my
14 understanding. An opiate can be synthetically
15 or naturally made. But they're both opioids
16 because they bind to the opioid receptor in the
17 brain.

18 Q. So they both have a similar
19 function; is that what you're saying?

20 A. I don't know about that medically
21 speaking.

22 Q. They both bind to the brain, what
23 does that mean?

24 A. So there's receptors in your brain
25 that -- okay. This is what I'm saying because

1 I've read it, that they bind to a receptor in
2 your brain, an opioid receptor. I'm not a
3 doctor, so I can't speak to the biology behind
4 it.

5 Q. So what's an example of an opiate?

6 A. So that would be -- I don't feel
7 qualified to answer that question specifically.

8 Q. Did you present on this topic to the
9 drug court?

10 A. I did, but I didn't give like what
11 exactly an opiate is, like, as far as, like,
12 oxycodone or Oxycontin. I didn't give those
13 kind of names.

14 Q. What did you tell them?

15 A. I gave a definition.

16 Q. And what did that -- so you didn't
17 tell them anything more than one is synthetic
18 and one is naturally occurring?

19 A. I'd have to look at my PowerPoint to
20 see exactly what I said.

21 Q. You can't recall?

22 A. No. I just told you what I thought
23 the definition was and I'd have to look at the
24 PowerPoint to see if that's exactly what I said.

25 Q. What were some of the death

1 statistics that you -- sorry. Part of the
2 problem is that I do not believe that we have
3 received a copy of the PowerPoint presentation
4 that you gave, which is, in part, why I was
5 asking what the name of it was.

6 Do you recall when you might have --
7 you said you gave the presentation in the
8 summer. Do you recall when you created that
9 PowerPoint?

10 MS. QUEZON: Object to the form.

11 A. I am sorry. I'm really sorry. I
12 don't know. I would have to go back and look.

13 Q. So on this page are -- do the
14 definitions on this page of opiate and opioid
15 reflect the definitions that you conveyed to the
16 drug court?

17 A. I'd literally have to
18 cross-reference these definitions that are in
19 here to my PowerPoint. I would have to look. I
20 didn't, like, copy and paste. I'd have to look.

21 Q. But you do know what the difference
22 between opiate and opioid is, right? You just
23 told us.

24 A. I stated that previously.

25 Q. And so is that -- is what you told

1 me previously what you told the drug court?

2 MS. QUEZON: Object to the form.

3 A. I don't know. Again, I would have
4 to look at the PowerPoint to see if it's
5 matching to what I'm saying to you right now.

6 Q. Do you have any reason to believe
7 you told them anything different than that?

8 A. I don't have any reason to believe
9 that I would have told them anything
10 differently.

11 Q. Do these definitions here reflect
12 what you just told me?

13 A. I don't -- I didn't use this exact
14 phrasing. I did say it could be natural or
15 synthetic, the opiate. I used that terminology.

16 Q. And this is -- opiate drug types
17 include heroin, opium, morphine and codeine.
18 Does that sound right to you?

19 A. I didn't write it. I don't know.

20 Q. So a minute ago you told me you
21 provided the drug court with very specific
22 information, definitions of opiates and opioids
23 and death data. Generally speaking, what do you
24 mean by death data?

25 A. We get information from the Cuyahoga

1 County Medical Examiner's Office on overdose
2 death.

3 Q. On overdose deaths?

4 A. Um-hum.

5 Q. And from your understanding, what
6 does that data tell us about the problem of drug
7 abuse in Cuyahoga County?

8 A. I can't say what it tells us about
9 the problem of drug abuse in Cuyahoga County. I
10 can only say it represents the amount of people
11 that have died from drug overdose.

12 Q. And do you recall how many people,
13 generally speaking, have died from drug
14 overdose?

15 A. What time span are you speaking of?

16 Q. In -- since you came into the role
17 in 2018.

18 A. The last report I looked at from the
19 medical examiner, which was September of this
20 year, was 721 for overall death from all drugs.

21 Q. And do you recall what it was in
22 2017?

23 A. It was in the 700s, but I can't
24 remember the exact amount.

25 Q. What did you tell the drug court

1 about the death data?

2 A. That it was increasing.

3 Q. That it was increasing?

4 A. Um-hum.

5 Q. Did you tell them why -- what did
6 you tell them about the reason why it was
7 increasing?

8 A. I didn't tell them the reason why.
9 I just presented the data.

10 Q. Did you present data about what
11 kinds of drugs were causing the overdoses?

12 A. So verbally I didn't go into detail.
13 I just presented them the total overdose drugs,
14 and that was from all drug use.

15 Q. So you didn't break it down by
16 heroin, fentanyl, cocaine, methamphetamine?

17 A. The graph did, but I didn't verbally
18 break it out for them. They could look at the
19 graph and figure it out on the screen. I didn't
20 provide a PowerPoint for them to look at.

21 Q. What did the graph -- what did the
22 graph show?

23 A. I can't remember exactly what graph
24 I used. If I were to use a graph, it probably
25 would have broken it down by drugs and years and

1 overdose rate.

2 Q. If you look at page -- I believe
3 it's page 16, it is titled "2018 CCMEO Overdose
4 Deaths, Most Common Drug Involved," from January
5 to May --

6 MS. QUEZON: I'm sorry. What page?
7 I apologize. 16 did you say?

8 MR. MASTERS: I believe it's 16.
9 It's the one that's -- the number is cut off in
10 the corner here.

11 MS. QUEZON: 2018 CCMEO?

12 MR. MASTERS: Yes.

13 MS. QUEZON: Okay. Got it. Thank
14 you.

15 A. Okay.

16 Q. Does this look familiar to you?

17 A. This isn't the graph that I used for
18 that presentation.

19 Q. Did the graph you used look similar
20 to this?

21 A. No.

22 Q. This graph shows the number of
23 deaths in January, February, March, April and
24 May, correct?

25 A. Um-hum. Yes.

1 Q. And it shows the number of deaths
2 that are heroin, fentanyl, heroin and fentanyl
3 combined and cocaine alone and cocaine/fentanyl
4 combined, right?

5 A. Correct.

6 Again, this is the presentation my
7 supervisor used, so it might be a graph that
8 represents the same information in a different
9 format.

10 Q. Correct.

11 What is your understanding of the
12 role of fentanyl in -- in driving the numbers of
13 opioid-related deaths?

14 MS. QUEZON: Object to the form.

15 A. My understanding of its role?

16 Q. Is fentanyl responsible for the
17 majority of overdose deaths in your
18 understanding?

19 MS. QUEZON: Object to the form.

20 A. To be honest with you, I don't know
21 the answer to that. I look at the data that's
22 given to us from the medical examiner.

23 Q. What does that data reflect?

24 A. I'd have to -- I'd have to see it in
25 front of me. Again, as my role at the Board of

1 Health, it's not -- it's not my position to
2 define or understand what fentanyl's role is.
3 It's not what our grant evaluates.

4 Q. Does fentanyl cause a lot of
5 overdoses?

6 MS. QUEZON: Object to form.

7 A. I don't know. I'd have to, again,
8 refer to the medical examiner and speak with
9 them or some professional that would know that
10 information. I don't know.

11 Q. So as chair of the -- co-chair of
12 the Cuyahoga County Opiate Task Force and the
13 program prevention grant manager {sic}, do you
14 think it's important to know what kinds of drugs
15 are causing overdoses?

16 A. I agree that it's important to know
17 what kinds of drugs are causing overdoses. I
18 don't think it's my role to determine if one or
19 the other is more responsible for the overdoses.

20 Q. More responsible might have been a
21 poor choice of words. My second question is
22 probably more accurate, which is, does fentanyl
23 cause a lot of overdoses?

24 MS. QUEZON: Object to the form.

25 A. Again, I'll reiterate my answer to

1 your question that I stated previously. I'm not
2 qualified to answer that question. It's not my
3 role to analyze that. It's my role --

4 Q. But you are the Cuyahoga County
5 Opiate Task Force co-chair.

6 A. I know. It sounds like a really big
7 job, doesn't it?

8 Q. Yes.

9 A. Again, it's not -- that's not part
10 of my role to determine that.

11 Q. So earlier you testified that it's
12 important as the co-chair, to be effective --
13 it's necessary to understand issues relating to
14 opiate abuse.

15 A. Um-hum.

16 Q. Part of the reason why that's
17 important is because there's currently a lot of
18 drug overdoses; is that right?

19 A. Sure.

20 Q. And yet you're saying it's not your
21 role to understand the number of deaths -- it's
22 not your role to understand what drugs are
23 resulting in deaths?

24 A. It's my role to report out what the
25 medical examiner gives me. It's not my role,

1 again, to determine the class of drugs or what
2 type of drug or the rate of drug. It's my role
3 to report out data that we have been given from
4 the medical examiner. It's not my role to have
5 an opinion either way on that data.

6 Q. Right. But you indicated that it's
7 important -- it's necessary even -- you said it
8 was necessary, as Cuyahoga County Opiate Task
9 Force co-chair, to understand the opiate abuse
10 problem --

11 A. Sure.

12 Q. -- in Cuyahoga County because there
13 are a lot of deaths relating to opiate abuse.

14 A. Um-hum.

15 Q. Isn't it, therefore, also important
16 to understand which opiates are causing deaths?

17 A. It's important to know which opiates
18 are causing death. It's not my role to have an
19 opinion on the data.

20 Q. Would it be important to know, for
21 example, whether prescription opioids are
22 causing more deaths than heroin?

23 A. Again, right now in my current role,
24 mandated by the State of Ohio, the task force,
25 yes, we have -- it's a highly visible position

1 in the community, but we are tasked with
2 deliverables from the State of Ohio that I'm
3 supposed to be -- and I have to stick to those
4 deliverables. Understanding and interpreting is
5 not part of those deliverables at all.

6 Q. So as chair of the Cuyahoga County
7 Opiate Task Force, it's not important that you
8 understand whether prescription opioids are a
9 cause -- are causing more deaths than illicit
10 opioids?

11 MS. QUEZON: Object to the form.

12 A. I'm not saying that it's not my --
13 did you say my responsibility or --

14 Q. It's not important.

15 A. I didn't state that it's not
16 important. I stated that it's not my role to
17 have an opinion about it to the community.

18 Q. And I -- just to be clear, I'm not
19 asking if a role entails having an opinion. I'm
20 asking you, as co-chair of the -- of the
21 Cuyahoga County Opiate Task Force, is it
22 important for you to know whether prescription
23 opioids are causing more overdoses than illicit
24 opioids?

25 A. To be honest with you, I, again,

1 defer to the medical examiner and their data. I
2 report out the data. I don't specifically look
3 at those trends. We look at trends as far as if
4 a certain demographic is being more affected,
5 not specific drugs.

6 Q. So as co-chair of the Cuyahoga
7 County Opiate Task Force and the Injury
8 Prevention program coordinator, program
9 director, you do not look at -- sorry. Let me
10 rephrase.

11 As co-chair of the Cuyahoga County
12 Opiate Task Force and Injury Prevention program
13 director, you do not think it is important or
14 necessary to understand whether prescription
15 opioids are causing more deaths than illicit
16 opioids?

17 MS. QUEZON: Object to the form.

18 A. I, again, am going to repeat what I
19 said previously.

20 Q. Just so you know, you have not
21 answered my question. I know that you have
22 given an answer that you think is an answer to
23 my question. My question is a little bit
24 different, so I'll ask it again.

25 MS. QUEZON: And I'm going to say

1 that you don't like the answer to the question
2 and you keep asking the same question, so we can
3 agree to disagree on that.

4 MR. MASTERS: I appreciate the
5 objection. We don't need a speaking objection.

6 MS. QUEZON: I haven't been doing
7 speaking objections, but you're instructing my
8 witness that she hasn't answered the question,
9 and I'm simply responding to that that, in my
10 opinion, she has.

11 Q. Is it important or not to understand
12 whether prescription opioids are causing more
13 overdoses than illicit opioids in conducting
14 your role at CCBH?

15 MS. QUEZON: Object to the form.

16 Q. It's a yes or no question.

17 MS. QUEZON: You can answer the
18 question any way you feel appropriate.

19 A. Again, my role, as directed by the
20 Ohio Department of Health, through specific
21 deliverables that are set forth through the Ohio
22 Department of Health, they do not require us to
23 do that.

24 Q. And you don't do that?

25 A. I personally do not break down

1 specifics. We look at overall drug data.

2 Q. Do you know whether prescription
3 opioids are causing more injuries than illicit
4 opioids?

5 A. No, I do not know that.

6 Q. Do you make any effort to
7 differentiate between overdoses caused by
8 prescription opioids and illicit opioids?

9 A. To be honest with you, being new to
10 the role and being new to reading the data and
11 getting the data from the medical examiner's
12 office, I have only looked at overall deaths
13 from all drugs. I have not evaluated or broken
14 out or looked at the specifics.

15 Q. And is it your understanding that
16 when the Cuyahoga County Opiate Task Force talks
17 about the opiate problem, that they also don't
18 make an effort to differentiate between
19 prescription opioids and illicit opioids?

20 MS. QUEZON: Object to the form.

21 A. To be honest with you, I can't speak
22 to that. I haven't heard people differentiate
23 between the two, but again, being rather new to
24 the position, and only attending maybe three or
25 four meetings, I haven't gathered a lot of that

1 kind of information.

2 Q. Okay. Do you know what fentanyl is?

3 A. I've heard of it.

4 Q. What is it -- in your understanding,
5 what is fentanyl?

6 MS. QUEZON: Object to the form.

7 A. I've only heard about it like on the
8 news, and, I mean, I've seen it, like they talk
9 about fentanyl analogs from the medical
10 examiner's standpoint. I don't know what that
11 means because I'm not a doctor. I've just heard
12 that it's a powerful drug for pain.

13 Q. Do you know the difference
14 between -- strike that.

15 Have you heard that fentanyl has
16 caused overdoses in Cuyahoga County?

17 A. To be honest with you, I would -- I
18 would have to look at the medical examiner's
19 data recently to be able to answer that
20 question.

21 Q. Just to be clear, I'm not asking if
22 you know how many deaths or, like, the ratio or
23 percentage. I'm just asking have you heard that
24 fentanyl is a cause of some overdoses in
25 Cuyahoga County.

1 A. Yes.

2 Q. And do you know -- have you heard
3 whether that fentanyl -- have you made an effort
4 to determine whether those fentanyl-related
5 overdoses are caused by illicit fentanyl or
6 prescription fentanyl?

7 A. I have not made that effort. It's
8 not my role to do that at all.

9 Q. Are you aware that fentanyl can be
10 obtained through prescription?

11 A. Yes, I'm aware of that.

12 Q. Are you aware that fentanyl can be
13 obtained illicitly on the street?

14 A. Yes, I'm aware of that.

15 Q. And you have not made an effort to
16 understand whether the fentanyl-related
17 overdoses are connected to prescription versus
18 illicit fentanyl?

19 A. No, absolutely not. That is --
20 again, directing back to the deliverables set by
21 the State of Ohio, we're held very closely to
22 those and it doesn't encompass that at all.

23 Q. You've mentioned these deliverables.
24 What are those deliverables?

25 A. Again, I'd have to have my work plan

1 in front of me to tell you exactly the wording
2 and exactly the deliverables. I can tell you a
3 general outline of them.

4 - - - - -

5 (Thereupon, Vince Deposition Exhibit
6 6, 2019 Prescription Drug Overdose
7 Prevention Annual Work Plan 2019,
8 Beginning Bates Number
9 CUYAH_013756844, was marked for
10 purposes of identification.)

11 - - - - -

12 Q. And I'm marking and handing Exhibit
13 6 -- do you recognize this document?

14 A. I believe this document to be the
15 annual work plan that we submitted for the
16 current grant, which we did not receive.

17 Q. Okay. So this reflects the grant
18 that was not accepted. Did you base this
19 application, or this work plan rather, on the
20 previous work plan?

21 A. We based this work plan on the RFP
22 that was given to us through the State of Ohio.

23 Q. Okay. And were -- so if we look at
24 -- page 2 of this document discusses -- I guess
25 page 1 and page 2 discuss the role of the

1 Cuyahoga County Opiate Task Force and states
2 what the expected impact objective would be if
3 you were to have gotten this grant, right?

4 A. Correct.

5 Q. And then on page 2 it shows a number
6 of objectives. If this had been granted, would
7 this be what you're describing as deliverables?

8 A. Yes.

9 Q. And do these deliverables listed
10 here reflect some of the deliverables that you
11 currently have in 2018?

12 A. Yes.

13 Q. Are they -- are they exactly the
14 same?

15 A. No.

16 Q. What is different about them?

17 A. I would have to get out the 2018
18 work plan and cross-reference.

19 Q. How often do you work on these --
20 sorry.

21 Are these deliverables in this work
22 plan -- is it something you work on on a daily
23 basis, weekly basis?

24 A. Since, as you see, there's so many
25 of them and I'm one person, I move through the

1 document at different stages of the week doing
2 different things.

3 Q. But you're in this document quite a
4 bit? Again, not this one.

5 A. I'm not in this document, but I have
6 in my mind what my job is I'm supposed to be
7 doing to meet these deliverables. Again, we
8 contract with several entities to also help meet
9 these deliverables.

10 Q. Would you say this is kind of the
11 most time-intensive part of your job is working
12 on these deliverables?

13 A. Oh, yes. That's my job.

14 Q. You spend a lot of time thinking
15 about accomplishing these deliverables?

16 A. Me and our sub-grantees, yes.

17 Q. It's your responsibility to make
18 sure that the deliverables are met?

19 A. Me and my supervisor, yes.

20 Q. You and your supervisor.

21 But if I understand the breakdown of
22 the role of your supervisor and you, you spend
23 more time on this than your supervisor does?

24 A. Yes.

25 Q. And this is -- you're sort of the

1 quarterback, to use that, you know, metaphor,
2 for this project?

3 A. Yes.

4 Q. And so because you work on this on a
5 daily basis, you have a good idea, for example,
6 right now, where you're at in terms of your
7 deliverables for this year?

8 A. Pretty much. Again, I'd have to go
9 back to the work plan and see what kind of notes
10 that I've made.

11 Q. So what are -- so -- you said that
12 you need to go back and look at the
13 deliverables, but these are also -- you've also
14 said this is something you're thinking about
15 constantly. So can you give me a general idea
16 of the deliverables related to the Cuyahoga
17 County Opiate Task Force?

18 A. Well, that's laid out in page 1 and
19 page 2. That's only two pages of this document.

20 Q. Right. So let's talk about page 1
21 and page 2, talking about the -- we're focused
22 on the Cuyahoga County Opiate Task Force here.

23 A. Um-hum.

24 Q. You've been talking about the
25 deliverables of the task force. This lists

1 five -- four or five deliverables.

2 A. Um-hum.

3 Q. And what I asked is, are these four
4 or five deliverables the same deliverables that
5 you currently have in 2018?

6 A. Again, I said I'd have to go back
7 and look to make sure that they're the exact
8 same.

9 Q. A couple words might be off. But
10 generally speaking, when it says "Coalition will
11 conduct regularly scheduled meetings on a
12 quarterly basis," is that a deliverable you
13 currently have in 2018?

14 A. No. It's bimonthly.

15 Q. Bimonthly, so that's different. So
16 currently you're meeting more often than you
17 were expecting to meet going forward?

18 A. Well, this is the minimum. We can
19 meet more than that if we see fit.

20 Q. Why did you change it in this
21 application to be from bimonthly to quarterly?

22 A. The subcommittees were meeting more
23 often, so we felt that more groundwork on the --
24 groundwork needed to be done. Rather than
25 meeting bimonthly as a group, we felt we could

1 get more work done with a lot of the
2 subcommittees' work that's being done. We
3 wanted them to meet more often.

4 Q. Okay. The second deliverable is "A
5 strategic plan will be established for the
6 CCOTF." Is that a current deliverable you guys
7 have in 2018?

8 A. I don't know, to be honest with you.

9 Q. You don't know?

10 A. I don't know. I think this was a
11 new one for 2019.

12 Q. This is a new one?

13 A. I think.

14 Q. "Maintain involvement and statewide
15 coalition and implementation of state plans."
16 Is that a deliverable for 2018?

17 A. I don't know, to be honest with you.
18 I'd have to go back and look. I'm being honest.

19 Q. So even though these are -- this is
20 something you work on every day, you don't know
21 if -- not every day, but this is something you
22 said you spend the vast majority of your time
23 doing.

24 A. I don't look at the document every
25 day. Everyone knows what their job is

1 supposed -- you're doing your job. I don't look
2 at this document every day and make sure I'm
3 doing every single one of these deliverables.

4 Q. I didn't mean to imply that you look
5 at the document every day, but you testified
6 that the most important part of your job and the
7 time -- and the thing you spend the most time on
8 is accomplishing deliverables.

9 A. Um-hum.

10 Q. And I'm simply asking whether this
11 deliverable, "maintain involvement with
12 statewide coalition and implementation of state
13 plans," is something that you guys have as a
14 deliverable in 2018?

15 A. I'm telling you I don't know. I'd
16 have to look. Because we have supplemental
17 funding to run this PDAAG program, so it might
18 be within the supplemental last year. I don't
19 know. I'd have to look.

20 Q. How many deliverables are there in
21 2018 for the Cuyahoga County Opiate Task Force?

22 A. So I have to be clear. The task
23 force, again, is just this one deliverable. The
24 Injury Prevention grant is different. We have
25 27 deliverables for the Injury Prevention grant.

1 Q. Okay. So this is one deliverable
2 with subparts or objectives?

3 A. Correct.

4 Q. And how many objectives is the
5 Cuyahoga County Opiate Task Force --

6 A. Right here (indicating).

7 Q. -- working toward in 2018?

8 A. Whatever is in the 2018 plan, and,
9 again, I'd have to look at it.

10 Q. So you don't remember?

11 A. It's four or five, so it's
12 relatively the same.

13 Q. Relatively the same, quarterly,
14 bimonthly changed, but there's -- other than a
15 few changes, this is basically a fair
16 description of what the Cuyahoga County Opiate
17 Task Force is working toward?

18 A. Probably.

19 Q. Probably, okay.

20 MR. BOEHM: Could we take a break?

21 MS. QUEZON: Sure.

22 MR. BOEHM: Are we at a good time to
23 do that?

24 THE VIDEOGRAPHER: Off the record at
25 11:34.

1 (Recess had.)

2 THE VIDEOGRAPHER: On the record,

3 12:01.

4 BY MR. MASTERS:

5 Q. All right. Nice to see you again.

6 A. Hi.

7 - - - - -

8 (Thereupon, Vince Deposition Exhibit
9 7, Cuyahoga County Opiate Task Force
10 Report 2015, Beginning Bates Number
11 CUYAH_014194642, was marked for
12 purposes of identification.)

13 - - - - -

14 Q. I'm showing you what has been marked
15 as Exhibit 7. Do you recognize this document?

16 A. To be honest, I don't know if I've
17 seen this document or not. I've reviewed their
18 task force reports in the past. I may have read
19 this one, but I'm not positive.

20 Q. You said you've reviewed task force
21 reports in the past?

22 A. Correct.

23 Q. How often does the Cuyahoga County
24 Opiate Task Force create a report like this?

25 A. It's my understanding that they did

1 it annually. Again, I'm not positive. I don't
2 know if they did one last year. I know Allisyn
3 was leaving and they were filling the position.
4 So I don't know if one was done last year. And
5 I'm responsible for doing one for 2018.

6 Q. And have you been working on that?

7 A. We just started working on it this
8 month.

9 Q. What does writing the task force
10 report for this year entail?

11 A. So in the past they have titled it
12 Cuyahoga County Opiate Task Force. For 2018
13 I've decided not to call it the task force
14 report because it encompasses so much more than
15 just what the task force does, again, it being a
16 small part of this job. We're calling it
17 Cuyahoga County Injury Prevention report and
18 highlighting our sub-grantees and the work that
19 they've done. So they will be providing a lot
20 of the narrative for it.

21 Q. "They" meaning who?

22 A. Our sub-grantees.

23 Q. So, in writing the report, you will
24 reach out to the sub-grantees for a report of
25 their activities for the year; is that fair?

1 A. Correct. Per the Ohio Department of
2 Health, we have to report out what they've done
3 for the year, and this is the way that we're
4 going to do it.

5 Q. And you mentioned that you have
6 reviewed Cuyahoga County Opiate Task Force
7 reports. Which -- which reports have you
8 reviewed?

9 A. The main one that I've referenced is
10 2017, just to get an idea of what they've done
11 in the past, to see what direction we wanted to
12 go for 2018. I mean, not '17. I believe it was
13 '16.

14 Q. 2016?

15 A. Yes. I believe, because I don't
16 think they did one in '17. Again, I wasn't on
17 the grant yet, so I'd have to go back and look
18 at the exact date.

19 Q. Did you review any others?

20 A. Not to my knowledge.

21 Q. So you didn't review Cuyahoga County
22 Opiate Task Force Report 2014?

23 A. I may have looked at it. I didn't
24 read it thoroughly. I might have just looked at
25 it just, honestly, for formatting, to see what

1 kind of format we wanted to go with.

2 Q. So why didn't you look at the 2014
3 report?

4 A. I don't know. I didn't read it
5 thoroughly. There was no reason for me to
6 really.

7 Q. Why did you think there was no
8 reason to read a report of the Cuyahoga County
9 Opiate Task Force, of which you're a co-chair?

10 A. Because there were more recent
11 reports to read.

12 Q. So that information was outdated?

13 A. Um-hum.

14 MS. QUEZON: Yes?

15 THE WITNESS: Yes.

16 Q. When did you review the 2016 report?

17 A. When I started -- when I was
18 formatting the document for 2018.

19 Q. And you thought it was important
20 that you understand what the Cuyahoga County
21 Opiate Task Force report in 2016 said?

22 A. Correct.

23 Q. Why did you think that was
24 important?

25 A. The reason why I thought it was

1 important, because I wanted to look at the
2 formatting that they utilized and see what
3 partners they highlighted and see what direction
4 we wanted to go for 2018, which -- it was
5 extremely comprehensive, the 2016 one. And we
6 decided we wanted to go more streamline to just
7 highlight our sub-grantees rather than
8 absolutely every single activity that's
9 happening in Cuyahoga County, because we don't
10 get funded to do those activities.

11 Q. Was -- was the 2016 report the only
12 task force report that you reviewed?

13 A. That I remember.

14 Q. That you remember?

15 A. Um-hum.

16 Q. You might have reviewed others?

17 A. I might have briefly opened them up
18 on my desktop, looked at it and closed it, but
19 not thoroughly read them.

20 Q. But the 2016 you thoroughly read?

21 A. I can't say that. I can't say I
22 read every word. Again, I was looking at it for
23 formatting purposes and kind of what partners
24 they highlighted and what direction we wanted to
25 go in for 2018. I wasn't looking at it for

1 content.

2 Q. So why -- why not look at the
3 substance of the report?

4 A. I read some of it, not all of it.
5 There's no reason why I had to.

6 Q. You didn't think it was -- why did
7 you not thoroughly read the substance of the
8 report?

9 A. Because it was outdated data anyway.
10 I didn't need any of the data. I wasn't looking
11 for any narrative within it. Again, I was
12 looking at it for the formatting.

13 Q. But it is the most recent report of
14 the Cuyahoga County Opiate Task Force?

15 A. To my knowledge, yes.

16 Q. So the activities of the opiate task
17 force summarized in the 2016 report is the most
18 recent summary of the activities of the Cuyahoga
19 County Opiate Task Force; is that correct?

20 A. Again, I would have to speak to the
21 people who created the document. I don't know
22 if it encompassed -- let me say this. So
23 there's the Cuyahoga County Opiate Task Force
24 that is comprised of about 250 members.
25 Definitely not all 250 members were highlighted

1 in that report. It would be 100 pages long.
2 They highlighted certain partners who we
3 contract with and we don't contract with. So I
4 was looking at it from the perspective of what
5 kind of format I want to go forward with. I
6 want to highlight our sub-grantees because
7 that's who we're paying to do the work that's
8 within the work plan. That's why I was looking
9 at it. I'm not saying it's not important for me
10 to read all of it, but it wasn't relative to why
11 I was looking at it.

12 Q. Is there another description of the
13 activities of the Cuyahoga County Opiate Task
14 Force that you have read for substantive
15 purposes?

16 A. No, other than just the deliverables
17 that we're supposed to meet within the work
18 plan. I've read that.

19 Q. Do you agree that reading the
20 substance of task force reports might have
21 provided you important information about the
22 nature and scope of opioid abuse and its impact
23 in Cuyahoga County?

24 MS. QUEZON: Object to form.

25 A. I agree that it's important to be

1 aware of the problem. I don't agree that it's
2 important for me to know every aspect of
3 everything that the task force has done for the
4 past five years. I know generally, and what
5 their goal is.

6 Q. Do you agree that reading the
7 substance of reports, like the task force
8 report, might have provided you important
9 information about the nature and scope of opioid
10 abuse and its impact in Cuyahoga County?

11 MS. QUEZON: Objection to form.

12 A. I have to look at the report to see
13 if that's what it even highlighted.

14 Q. Let me rephrase the question.
15 Do you agree that reviewing the
16 substance of reports, like the task force
17 report, might have provided you important
18 information about the nature and scope of opioid
19 abuse and its impact in Cuyahoga County?

20 MS. QUEZON: Object to form.

21 A. Reviewing documents like the task
22 force report, sure. There's many documents like
23 the task force report that can be reviewed. I
24 read portions of the task force report, not
25 everything in its entirety.

1 Q. What other documents, like the task
2 force report, provide helpful substance?

3 A. And this is just an example. This
4 isn't something I definitely did. I'm saying
5 for an example, if I wanted to look at other
6 task forces and what they've done, I go to
7 Summit County opiate task force and kind of look
8 at their minutes or notes or -- and I'll look at
9 previous minutes or notes from the task force if
10 I want to know what they have done. That's
11 other documents that would reflect activity.

12 Q. And those reports might provide
13 important information on the nature of substance
14 abuse in the region and its impact?

15 A. Sure.

16 Q. But you did not read the 2016 report
17 for substance reasons?

18 MS. QUEZON: Object to the form.

19 A. I didn't read it word for word. I
20 read portions of it.

21 Q. What portions did you read?

22 A. I don't remember. I literally would
23 have to have the report in front of me to
24 reference it.

25 - - - - -

1 (Thereupon, Vince Deposition Exhibit
2 8, Cuyahoga County Opiate Task Force
3 Report 2016, Beginning Bates Number
4 CUYAH_014194735, was marked for
5 purposes of identification.)

6 - - - - -

7 Q. I'm showing you what has been marked
8 as Exhibit 8. Is this the Cuyahoga County
9 Opiate Task Force Report 2016 that you reviewed?

10 A. Yes.

11 Q. All right. Which portions of this
12 report do you remember reviewing?

13 A. So, you know when you skim a
14 document, when you skim over a document, that's
15 basically what I did, again, looking at, okay,
16 historic year. I kind of looked at the RNC.
17 Didn't really look at the first part. Looked at
18 the timeline. And in my head, reading the
19 timeline, I'm seeing lives lost, overview of
20 local drug-related deaths. Looked over -- I
21 didn't read verbatim the definitions. I looked,
22 okay, they have definitions, how did this
23 happen, read over some of the bullet points. I
24 skimmed through it to look at the main bullet
25 points about what they were addressing.

1 Q. Just for clarification purposes,
2 what are some of the main bullet points?

3 A. I -- you know, I looked at the
4 timeline and read what happened within the
5 timeline, how did it happen, which are all the
6 bullets listed under it happened, how it
7 happened. I read the definitions.

8 Q. Did I understand you to be saying
9 that there were particular bullet points that
10 you read?

11 A. To be honest with you, I skimmed the
12 document. I didn't read it verbatim, you know.
13 I skimmed the document to get a feel of what the
14 document was saying. What the document was
15 saying to me, there's a problem in Cuyahoga
16 County. What are we doing about it? That's
17 what I wanted to know, what the theme was. So I
18 skimmed the document and saw, wow, they did a
19 lot -- they've done a lot. Oh, my gosh, they've
20 grown a lot. All these initiatives were taken.
21 That's amazing. You know, they're listing every
22 treatment facility. That's great. Okay.
23 There's awards that were given. That's pretty
24 cool. That's how I was going through the
25 document. I wasn't reading it all for

1 substance. Again, I was looking also for
2 formatting. I didn't want it to be this intense
3 for this year. I just wanted to highlight our
4 sub-grantees.

5 Q. Okay. You testified that you were
6 looking for formatting and you didn't want it to
7 be this intense for this year.

8 A. Intensive, right.

9 Q. What did you mean by that?

10 A. I also stated that they highlighted
11 a lot of initiatives that weren't paid through
12 for the Ohio Department of Health grant. This
13 year we were taking the direction that we wanted
14 to highlight our sub-grantees. A lot of the
15 initiatives in here are not sub-grantees of the
16 Ohio Department of Health grant.

17 Q. You said, "I didn't want it to be
18 this intensive this year." What does that mean?

19 A. I guess I should have said
20 "extensive." I should have used that term,
21 "extensive." Again, because a lot of these
22 initiatives are outside of the scope of work for
23 the Ohio Department of Health grant and I wanted
24 to focus just on our sub-grantees and work that
25 they do because that's what we report out for

1 the Ohio Department of Health.

2 Q. And just so we're clear, when you
3 say this -- you didn't want it to be this
4 extensive, are you referring to the task force
5 operations or are you referring to the report?

6 A. Just the report.

7 Q. So you didn't want the report that
8 you were preparing for 2018 to be as descriptive
9 as the 2016 report?

10 A. No. I'm not saying as descriptive.
11 I'm saying as extensive. Again, because they
12 highlight almost every initiative in Cuyahoga
13 County, which is wonderful, but that's not what
14 the Ohio Department of Health grant that I
15 manage pays for. So we are only highlighting
16 what the Ohio Department of Health pays for
17 because that's what we're responsible to report
18 out on.

19 Q. So you want to limit the task force
20 report to only cover the areas covered by the
21 grant?

22 A. We're not calling it the task force
23 report for that purpose. There may be a
24 separate task force report that we come out
25 with, you know, whole year, five year, what did

1 we do the last five years, and we will call it
2 "the task force report" and it may look
3 something like this. But for the Ohio
4 Department of Health grant and its sub-grantees,
5 it won't be called "opiate task force Report."

6 Q. So why do you -- why keep it more
7 limited in 2018?

8 A. Because that's what we're limited to
9 for our deliverables. I don't know what
10 direction they took or why they took this
11 initiative. I wasn't in the program at that
12 time. But the way that I -- my role right now
13 is just to stick to our sub-grantees and what
14 deliverables they accomplished for the purposes
15 of this funding.

16 Q. Was the deliverable different in
17 2016 as it is now?

18 A. No. Again, I was not in the role at
19 this time, so I don't -- I don't know why they
20 call it a task force report. I don't know why
21 they have every single thing in here -- that's
22 done in Cuyahoga County in here. That was their
23 choice. Again, they do highlight the
24 sub-grantees in here, but they also talk about
25 everything else. We don't -- we're not required

1 to do that from the Ohio Department of Health.
2 Again, I said for 2018 we are going to highlight
3 our sub-grantees and we may come out with a
4 report summarizing called "The opiate task force
5 report," which will encompass all of these
6 initiatives.

7 Q. The deliverable was the same,
8 though, in 2016 as it is now?

9 A. I'd have to look at their work plan.
10 I wasn't on the program at the time.

11 Q. Do you have any reason to believe
12 that it's different now?

13 A. Again, I would have to look at the
14 work plan. This was a competitive year. It was
15 non-competitive in the past. It would have
16 changed.

17 Q. But for 2018 it's -- it was
18 non-competitive?

19 A. Oh, right. Yeah. I'm sorry.

20 Q. So do you have any reason to believe
21 that the deliverable that you are currently
22 working on for this report is different than the
23 deliverable in 2016?

24 A. No. And let me say this as well.
25 Since our budget is extremely limited, we are

1 very limited as far as what we can produce.
2 Their budget at this point, what was allotted
3 for printing and design services, was much more
4 robust than what it is now.

5 Q. What did you mean by your statement
6 that there were programs described in the 2016
7 report that were not covered by the Department
8 of Health grant?

9 A. For example, what it says on what is
10 being done in Cuyahoga County.

11 MS. QUEZON: What page are you on?
12 I'm sorry.

13 THE WITNESS: Oh, this is -- it
14 starts with the opiate task force emblem in the
15 left -- the logo in the upper left-hand side.

16 MS. QUEZON: "What is being done"?

17 THE WITNESS: "What is being done."

18 MS. QUEZON: It's 737 at the bottom
19 on the Bates stamp.

20 A. The task force itself, these
21 initiatives to the very right, those are things
22 that entities and service agencies are doing on
23 their own, but they're not being funded through
24 the Ohio Department of Health grant.

25 The same with on the next page.

1 Those are things that individual agencies are
2 doing on their own, but not through the Ohio
3 Department of Health grant.

4 Again, two pages later, where it
5 says, "The United States Attorney's Heroin and
6 Opioid Task Force," that's not funded from the
7 Ohio Department of Health.

8 Here, when she finally talks
9 about -- well, the report talks about the Ohio
10 Department of Health Injury Prevention Grant,
11 this is where she's highlighting the
12 sub-grantees. This is what we're going to do
13 for this year. So she highlights, which I'm
14 referring to Allisyn, because I believe her to
15 be one of the co-authors of this, the three
16 sub-grantees, the medical examiner, MetroHealth,
17 and this Dr. Melanie -- I can't pronounce her
18 last name. She highlights the work that they're
19 doing, along with Recovery Resources. I don't
20 know if they're sub-grantees or not. So she
21 does highlight them, she does meet that
22 deliverable in this report, but the other
23 initiatives are things that are not paid for
24 through the grant.

25 Q. And one reason why you are not

1 including that information in the current report
2 you're working on is because of cost, right?

3 A. Not only cost, but, also, there's a
4 distinction that is clear from the Ohio
5 Department of Health as far as the opiate task
6 force being a piece and the Injury Prevention
7 grant. So the task force is a piece of the
8 grant, but it's not only the grant. So there's
9 a definition between the two.

10 Q. And why were these non-ODH-funded
11 programs included in the task force report in
12 2016?

13 MS. QUEZON: Object to form.

14 A. I don't know. I didn't write it. I
15 have no idea what they were thinking. I don't
16 know what their goal was. I don't know what
17 their thought process was. I have no idea.

18 Q. So in preparing to write the 2018
19 report, you didn't speak with anybody who was
20 involved in the drafting of the previous
21 reports?

22 A. I don't know if my supervisor was
23 involved with drafting the previous reports. I
24 asked him if it was okay if, you know, we made
25 it a little slimmer in 2018 to highlight only

1 the sub-grantees, and then if we needed to
2 create a more comprehensive report for the task
3 force and its members, that would be a different
4 project.

5 Q. And right now is there -- are there
6 plans to do a more comprehensive task force
7 report?

8 A. If we get funding to do so, yes.

9 Q. But without funding, there's no
10 plans to write a new report?

11 A. We could do one electronically
12 possibly.

13 Q. Is that something you've discussed?

14 A. It's something, yes, that I've
15 thought about that we should do separately.

16 Q. Is that something that you have
17 discussed?

18 A. No, not with my supervisor.

19 Q. And, again, a task force report was
20 not written in 2017, right?

21 A. I believe that there was not.
22 Again, I wasn't on the project yet and I haven't
23 seen one, so unless one is floating out there
24 that I don't know about.

25 Q. Did you -- what is your

1 understanding as to why a task force report
2 wasn't written for 2017?

3 A. Because there was no one in the
4 position to do it. The position was open.

5 Q. Allisyn Leppla worked in the
6 position for most of 2017, right?

7 A. I'm not sure when she left. I don't
8 know if it was the middle of the year or a
9 quarter -- I can't remember.

10 Q. So did you ask somebody why a task
11 force report wasn't written?

12 A. No. I wasn't tasked to do it, so --

13 Q. You never, in conversation with your
14 supervisor, asked why wasn't there a report for
15 2017?

16 A. No. There was something that was
17 written called a dissemination report that only
18 highlighted some small things that were done,
19 but it wasn't an annual report.

20 Q. What is the dissemination report?

21 A. We highlighted an initiative with
22 Edna House, which is a recovery house for women.
23 It was a new initiative that they did. And I
24 cannot remember what else was in it.

25 Q. Was that affiliated with the task

1 force?

2 A. No. That was just affiliated with
3 new and different work that they had done in
4 2017.

5 Q. And when was that report released?

6 A. I don't know. I'd have to go back
7 and look.

8 Q. So on this dissemination report that
9 you just mentioned, is it available on your
10 website?

11 A. Um-hum.

12 MS. QUEZON: Yes?

13 THE WITNESS: Yes.

14 Q. Are there other reports -- are there
15 other dissemination reports like the one you
16 mentioned?

17 A. That's the only one called a
18 dissemination plan. It's a plan. I don't know
19 why it was titled that. But the annual reports
20 are on the website as well.

21 Q. So in addition to the annual reports
22 and the dissemination plan or report, are there
23 any other reports that you're aware of that have
24 been written relating to the work of the task
25 force or the Injury Prevention program?

1 A. To be specific, I'd have to look at
2 our website and see what's been uploaded. I
3 know that -- I'm almost positive that every
4 annual report has been uploaded. I don't
5 believe that the minutes or agenda have been
6 uploaded. Those are only sent out to the task
7 force members.

8 Q. So there's annual reports, there's
9 the Edna dissemination plan report. What other
10 reports are there?

11 A. We have to do a quarterly report
12 back to the Ohio Department of Health. But
13 that's not public. It's just something that we
14 do back to the Ohio Department of Health.

15 Q. And what does that report contain?

16 A. That is the work plan that we went
17 through previously. We have to report on a
18 quarterly basis the progress that has been made
19 on each deliverable.

20 Q. And who is that sent to?

21 A. It's to our program consultant, Tina
22 Kranposki, at the Ohio Department of Health.

23 Q. And what do they do with that
24 report?

25 MS. QUEZON: Object to form.

1 A. They review it for content and
2 either approve or disapprove it.

3 Q. And you said these are done
4 quarterly?

5 A. Yes.

6 Q. Are there any other reports?

7 A. So there's the core report that we
8 have to submit, there's the supplemental PDAAG
9 work plan that we have to submit, and -- oh, and
10 the supplemental alternative to incarceration
11 report that we submit, and then recently the Epi
12 Validation report that we have to submit.

13 Q. Are any of these reports that you
14 just mentioned public reports?

15 A. No.

16 Q. Are they all sent to the Ohio
17 Department of Health?

18 A. Correct.

19 Q. Do you have copies of all these
20 reports?

21 A. Yeah.

22 Q. Did you discuss the Cuyahoga County
23 Opiate Task Force report 2016 with your
24 supervisor, Vince Caraffi?

25 A. No, I did not.

1 Q. Have you discussed the current
2 version of the report that you're drafting with
3 your supervisor, Vince Caraffi?

4 A. So my supervisor is only -- like
5 five percent of his time is with this project.
6 So it's basically me doing most of the work
7 behind the report. The capacity that he's
8 involved in would be basically verifying that
9 it's okay for me to move forward with a certain
10 printer or what dollar amount we have available,
11 so it's limited.

12 Q. But the substance you are in charge
13 of?

14 A. The sub-grantees myself, and he will
15 do the final review.

16 Q. And when you said -- you said it's 5
17 percent of his time.

18 A. I think.

19 Q. Is that just -- is that 5 percent of
20 his time is occupied by the task force itself or
21 by this report?

22 A. So -- oh, no. So, again, I'd have
23 to look at our budget, but we have to do certain
24 budgets and assign a percentage to that person
25 based on their availability and also their

1 percentage of their salary that will be on the
2 grant, and that is the time they are to expend
3 within the project. It might be 10 percent for
4 the past year. I can't remember exactly. It's
5 5 to 10 percent, I believe, for the project in
6 general, not for this.

7 Q. The project in general is what?

8 A. The Injury Prevention grant.

9 Q. So Vince Caraffi spends 5 to 10
10 percent of his time on the Injury Prevention
11 grant project?

12 A. That's what is written as supposed
13 to be happening, yes.

14 Q. And the Cuyahoga County Opiate Task
15 Force is one part of the Injury Prevention
16 grant?

17 A. Correct.

18 Q. So that 5 to 10 percent of Vince
19 Caraffi's time is split between a number of
20 deliverables, one of which is the Cuyahoga
21 County Opiate Task Force?

22 A. Correct.

23 Q. So you are responsible, then, for
24 the vast majority of Cuyahoga County Opiate Task
25 Force-related responsibilities?

1 A. Myself and Beth DeJesus, yes.

2 Q. Beth DeJesus is at --

3 A. The ADAMHS Board.

4 And, again, prior to -- my
5 supervisor stepped down as the chair of the task
6 force, I believe it was, October, so I'm very
7 new to this role as well.

8 Q. Is the Cuyahoga County Opiate Task
9 Force funded through the ODH grant?

10 A. Yes. It's one of the deliverables.

11 Q. Does it receive funding from anyone
12 else?

13 A. No. The only thing they may receive
14 is in kind funding, where we don't have the
15 money to pay speakers who normally would be
16 paid, but they're doing it pro bono because they
17 see the need.

18 Q. So aside from in kind contributions
19 and the ODH grant, is there any other source of
20 funding or contribution to the Cuyahoga County
21 Opiate Task Force?

22 A. No.

23 Q. Let's turn to page 3, the one with
24 the opiate task force symbol?

25 MS. QUEZON: The "What is Being

1 Done" page?

2 MR. MASTERS: The "What is Being
3 Done" page.

4 Q. There's a section called "Membership
5 and Structure." What is the membership and
6 structure of the Cuyahoga County Opiate Task
7 Force in your understanding?

8 MS. QUEZON: Object to form.

9 A. From my understanding, again, being
10 new to the task force and not having -- other
11 than attending the meetings this past year, not
12 being involved with that, the membership is the
13 people who are members of the task force, and
14 when it refers to structure, I don't know if
15 they're referring as far as who's involved and
16 what agencies.

17 Q. And when was the task force formed?

18 A. Well, I'm reading here it says 2010.
19 I wasn't a part of it. So I guess it was 2010.
20 That's what it says.

21 Q. You were at CCBH at the time, right?

22 A. Um-hum.

23 MS. QUEZON: Yes?

24 THE WITNESS: Yes.

25 Q. And you knew Vince Caraffi in 2010?

1 A. Yes.

2 Q. Were you aware that the Cuyahoga
3 County Opiate Task Force was created?

4 A. No, to be honest with you.

5 Q. Did you ever receive an e-mail or an
6 announcement that the Cuyahoga County Opiate
7 Task Force was created?

8 A. No.

9 Q. So when did you first learn of the
10 existence of the Cuyahoga County Opiate Task
11 Force?

12 A. That's a hard question to nail down
13 an exact date of when I learned that it existed.
14 I started hearing more about it at our agency, I
15 would say, '15, '16 probably, because the
16 members were growing.

17 Q. When -- you started hearing about it
18 more and more in '15 and '16, but had you known
19 of its existence prior to that?

20 A. No. I'm being completely honest. I
21 didn't -- I worked in a different program. This
22 was housed in environmental health, which was on
23 the opposite end of the building. They kind of
24 do their own thing. I was in prevention and
25 wellness, previously community health, and we

1 just stayed in our own programs. Not that you
2 didn't want to be aware, but it was very, very
3 hard to keep track of everything that the Board
4 of Health does.

5 Q. So in 2015, 2016 the membership was
6 growing. Do you know why the membership was
7 growing in 2015, 2016?

8 MS. QUEZON: Object to form.

9 A. I don't know. I could speculate.
10 Because there seemed to be more interest from
11 the public because of what they were seeing in
12 the news.

13 Q. And what were they seeing in the
14 news?

15 A. Everything you and I would see. I
16 don't know. Reports on overdose deaths, reports
17 on epidemic.

18 Q. And there were no reports like that
19 prior to 2015?

20 MS. QUEZON: Object to the form.

21 A. I have no idea. I'd have to go back
22 and look at everything that was aired on
23 television. I don't know.

24 Q. But in 2015, 2016, that's when you
25 started hearing about the task force and

1 opioid-related issues?

2 A. To be honest with you, it wasn't
3 like a hugely promoted thing at the Board of
4 Health if you were not a part of it. That's the
5 truth.

6 Q. What do you mean by that?

7 A. I mean, e-mails weren't sent out to
8 staff members to come to the meetings. As far
9 as the task force reports, I don't know if that
10 was circulating -- circulated amongst employees
11 either. You know, if you were interested, you
12 probably knew where to find it, but it wasn't
13 like something on display or something passed
14 out to staff members, so unless you were seeking
15 it out, you wouldn't know about it.

16 Q. What did you hear -- do you know why
17 it wasn't more broadly disseminated throughout
18 CCBH?

19 A. No, I do not.

20 Q. In 2015, when you started hearing
21 about the task force, what did you hear about
22 it?

23 A. And, again, it might be 2015, '16,
24 roughly around there, because I was still in my
25 own program doing my own thing, and you have a

1 lot of work to do, so you don't have a lot of
2 time to make yourself aware of what is going on
3 in the entire agency. But in the news, as you'd
4 see, you know, it being kind of called an
5 epidemic or declared an epidemic last year, I
6 think there was just more awareness around it,
7 so people were becoming more interested so there
8 was more conversation around it.

9 Q. And you said the Cuyahoga County
10 Opiate Task Force is comprised of individuals
11 throughout the county. Who are these
12 individuals?

13 A. Well, within the narrative it kind
14 of names different entities, so it can range
15 anywhere from citizens to people that work in
16 recovery housing, physicians, professors. We
17 don't have any pharmacists, I believe. Dental
18 professionals we've been trying to get on board.
19 We've been trying to get faith-based initiatives
20 on -- or agencies on board as well.

21 Q. Why have you been trying to get
22 faith-based entities on board?

23 A. To be honest, because it's a
24 conversation as far as who's -- what populations
25 are hard to reach, and it was just a

1 conversation at ODH that they have with us as
2 sub-grantees, what populations are hard to
3 reach, and faith-based communities came up as
4 one, them and dental professionals.

5 Q. Have you communicated with others at
6 CCBH about the task force?

7 A. Since when?

8 MS. QUEZON: Object to the form.

9 Q. Since 2015.

10 A. Not really.

11 Q. You haven't spoken to people at CCBH
12 about the task force?

13 A. I mean, I'm sure in conversation
14 I've talked about the task force meetings that I
15 now help co-chair, but at CCBH, as far as the
16 capacity of my role, there's no reason for me to
17 speak about it, other than to my supervisor and
18 my director, or if the board asks for us to
19 report out on it, but I haven't been asked that.

20 Q. But that is something that the board
21 can ask?

22 A. Yes. They could ask that.

23 Q. Has the board asked that in the
24 past?

25 A. I have no idea. I don't know.

1 Q. So what gives you the impression
2 that the board can ask for a report specifically
3 about the task force?

4 A. They could ask about anything that
5 the Board of Health does and its activities.

6 Q. So there's nothing in particular
7 that comes to mind about this being done in the
8 past -- let me rephrase that.

9 There's nothing in particular that
10 comes to mind about the Board of Health asking
11 for information about task force-related
12 opportunities or operations?

13 A. Again, I've only been involved this
14 year, so I only know my role, and I haven't been
15 asked to be involved in that capacity. My
16 supervisor may have been. And I don't know what
17 has happened in the past.

18 Q. You mentioned that the Board of
19 Health can ask for reports on what the task
20 force is doing. How would that happen?

21 MS. QUEZON: Object to the form.

22 A. To be honest with you, I'm not very
23 involved with board meetings or board members,
24 so I don't know the answer to that. I don't
25 know how that would happen. I don't know how

1 they communicate with the commissioner. I have
2 no idea. I'm not that important yet.

3 Q. So what is your -- what is the basis
4 for your statement that the Board of Health can
5 ask for these kinds of reports?

6 A. Well, because they serve on the
7 board to serve a purpose as far as making sure
8 they agree with directions that the Board of
9 Health is taking, so if they heard of the task
10 force and heard something they were doing that
11 they agreed or didn't agree with, they could ask
12 can I get kind of a summary of what you guys
13 have been doing for the past year.

14 Q. And that's part of their
15 responsibility?

16 A. Sure.

17 Q. And it's important for the Board of
18 Health to make sure that CCBH is acting
19 appropriately?

20 MS. QUEZON: Object to the form.

21 A. Again, I can only speak to anything
22 that I've had to do with anything with the
23 board, which is nothing. My supervisor may have
24 had more conversations with the board or the
25 health commissioner. I've -- I've never been in

1 that role.

2 Q. Has Vince Caraffi ever told you that
3 he speaks with board members?

4 A. No, not specifically about this.
5 The only time that we're asked to go to a board
6 meeting is if we've been awarded a grant, they
7 have to submit the budget, we would provide a
8 narrative, and then you have to describe what
9 the project is.

10 Q. And has that happened?

11 A. It will happen this month.

12 Q. How do you know?

13 A. Because I have to go to the board
14 and describe the crisis funding that we were
15 awarded. I also have to describe our ACEs
16 funding that we were awarded.

17 Q. So did the board reach out to you to
18 tell you that they need you to present at the
19 meeting?

20 A. No. It only occurs as a formality
21 because you're establishing a budget.

22 Q. And what will you do to prepare for
23 this meeting with the board?

24 A. I provided a summary of both grants
25 and I'll basically read the summary to the board

1 and answer questions that they have.

2 Q. When did you provide -- when did you
3 draft that summary?

4 A. Sometime this month.

5 Q. And you still have a copy of that
6 summary?

7 A. Yes, somewhere.

8 MR. BOEHM: I just want to state for
9 the record that the lunch has arrived, so
10 whenever you all --

11 MS. QUEZON: Listen, we can do --
12 however you want to do this. Whenever you all
13 want to take a lunch is fine. I would love to
14 make it as short as possible, simply because I
15 was wrong about my flight time and my 6-year-old
16 has a Christmas program that I have to be in
17 town for tomorrow morning. Now, I might be able
18 to have somebody come take over for me, so,
19 again, I don't want to rush you, but the more
20 condensed is better for me, if that's okay with
21 you guys, too.

22 MR. BOEHM: I don't think we need a
23 super long lunch, but we'll just have to see how
24 it goes. What do you all want to do, though, in
25 terms of timing?

1 MS. QUEZON: I'm going to leave that
2 up to Brad.

3 MR. BOEHM: Brad, let us know when
4 you're ready --

5 MR. MASTERS: Sure.

6 MR. BOEHM: -- keeping in mind that
7 I didn't get breakfast.

8 MR. MASTERS: I lost my train of
9 thought, so let's take a break here.

10 THE VIDEOGRAPHER: Off the record,
11 12:43.

12

13 (Luncheon recess had.)

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1 THE VIDEOGRAPHER: On the record,
2 1:44.

3 - - - - -

4 AFTERNOON SESSION

5 CONTINUED EXAMINATION OF APRIL R. VINCE

6 BY MR. MASTERS:

7 Q. Welcome back.

8 A. Thank you.

9 Q. When did you hear about the
10 opportunity to work as program manager and
11 project director of the IPP Grant?

12 A. Of the Injury Prevention grant?

13 Q. Yes.

14 A. Probably when it was posted.

15 Q. And do you recall around when that
16 was?

17 A. I know it was sometime in 2017, but
18 I don't know the exact date.

19 Q. Why were you interested in this
20 position?

21 A. This position? I will disclose that
22 I have seen it personally in my family, people
23 who have been affected by this epidemic. I've
24 seen it destroy lives. I've seen it destroy
25 relationships. I feel very passionately about

1 helping to get those in treatment that need
2 treatment and end this epidemic.

3 Q. When did your personal experience
4 with drug abuse in family members happen?

5 A. About ten years ago.

6 Q. About ten years ago?

7 A. It started.

8 Q. Was that -- was that someone in your
9 immediate family?

10 A. I'm not going to disclose that.
11 It's a family member.

12 Q. Was that someone in your immediate
13 family?

14 A. I don't need to offer that
15 information.

16 MR. MORIARTY: I'm having a little
17 bit of trouble hearing.

18 A. I said I'm not going to disclose if
19 it's immediate family or not. I said it was a
20 family member.

21 MR. BOEHM: On what basis are you
22 not going to disclose that information?

23 THE WITNESS: Privacy.

24 MR. BOEHM: Respectfully, you raised
25 the issue.

1 THE WITNESS: Right. And I said it
2 was a family member, and that's as far as I'm
3 willing to go with that answer.

4 MR. BOEHM: Just create a record.

5 Q. Again, counsel has not instructed
6 you not to answer the question, correct?

7 A. No.

8 Q. And --

9 A. That's respect for my family.

10 Q. Right. So who in your family had
11 this problem with drug abuse?

12 A. I'm not going to answer that
13 question out of respect for my family.

14 Q. Let me ask that a little bit
15 differently.

16 Who in your family was affected by
17 drug abuse?

18 A. As you know, or you might know, that
19 addiction is a family disease, so all of our
20 family was affected by it. Anyone who that
21 person's life touched was affected by it.

22 Q. And who was that person?

23 A. I'm not going to disclose that
24 information.

25 Q. And what substance was this person

1 addicted to?

2 A. I don't know. I don't have records
3 to their medications.

4 Q. Was it an opiate?

5 A. I don't know.

6 Q. Was it cocaine?

7 A. I don't know.

8 Q. But you indicated that this personal
9 experience was motivation for joining the opiate
10 task force?

11 A. It wasn't motivation for joining the
12 task force. It was one of the driving factors
13 as to why I feel passionately about the epidemic
14 at hand.

15 Q. Was the substance a prescription?

16 A. I don't know. I'd have to get
17 records of their medications. I don't know, to
18 be honest with you. I will state that I
19 believed that they had some kind of a painful
20 condition where they were prescribed a
21 medication. That's all I do know.

22 Q. So they were prescribed a medication
23 for their painful condition?

24 A. Correct.

25 Q. And is that the substance that the

1 person became addicted to?

2 A. I don't know. It started somewhere,
3 but I don't know if that's the substance they
4 were addicted to. I can't answer that.

5 Q. You never spoke with this family
6 member about the nature of their addiction?

7 A. No.

8 Q. You never asked this person what
9 they were addicted to?

10 A. No.

11 Q. It was never revealed to you by
12 another family member what this person was
13 addicted to?

14 A. No.

15 Q. But it began with a prescription to
16 treat a painful condition?

17 MS. QUEZON: Object to the form.

18 Q. I'll withdraw the question.

19 So you have -- do you have an idea
20 whether this prescription for the painful
21 condition had anything to do with the addiction?

22 A. I don't know.

23 Q. You don't know?

24 A. No. I never spoke with the
25 individual about it. I don't know.

1 Q. Have you ever been prescribed
2 medication for a painful condition?

3 A. Yes.

4 Q. Have you ever been prescribed an
5 opioid?

6 MS. QUEZON: Objection --

7 A. Yes.

8 MS. QUEZON: -- to the form.

9 Q. Did you become addicted?

10 A. No.

11 MS. QUEZON: Object to the form to
12 the last question.

13 Q. When were you prescribed an opioid?

14 A. About seven weeks ago I had foot
15 surgery.

16 MS. QUEZON: Object to the form to
17 the last question.

18 Q. How many dosages or how many pills
19 were you prescribed?

20 MS. QUEZON: Object to the form.

21 A. I have to be honest, I can't
22 remember. I filled it. I didn't take all of
23 them. It didn't do anything as far as my pain
24 so I took ibuprofen instead.

25 Q. But you did take some of them?

1 A. Um-hum.

2 MS. QUEZON: Object to the form.

3 Can I get a standing objection to
4 all questions regarding her personal
5 prescriptions?

6 MR. MASTERS: Sure. That's fine.

7 MS. QUEZON: I mean, I can keep
8 objecting.

9 MR. MASTERS: That's fine.

10 Q. What medication were you prescribed?

11 A. I think it was oxycodone.

12 Q. And how many oxycodone pills were
13 you prescribed?

14 A. Again, I'd have -- I'd have to look
15 at the prescription bottle because I knew that I
16 didn't want to take them. I knew that I
17 wouldn't have to take all of them. I had had
18 the foot surgery before, so I knew kind of the
19 process of healing and recovery and what kind of
20 pain I would have. So I didn't even look at how
21 many were in there because I didn't take all of
22 them. I took it for maybe two days.

23 Q. How many pills did you take?

24 A. Maybe six, eight.

25 Q. Who is your healthcare provider?

1 MS. QUEZON: Object to form.

2 A. In what capacity?

3 Q. Who is your prescribing physician?

4 A. The prescribing physician for that
5 specific surgery?

6 Q. Right.

7 A. I'm not going to say her name
8 correctly.

9 Q. The prescribing physician who
10 prescribed you the oxycodone.

11 A. Why does that matter? I'm just
12 curious.

13 Q. Respectfully, I --

14 MR. BOEHM: The question is pending.
15 Go ahead.

16 MS. QUEZON: It's up to you whether
17 to answer private medical information.

18 A. I'd rather not say just for her
19 privacy. I don't think it has relevance.

20 Q. Did you get this filled at a
21 pharmacy?

22 A. Yes.

23 Q. Which pharmacy did you fill this
24 prescription at?

25 A. At a CVS pharmacy.

1 Q. Which CVS?

2 A. I don't think that matters.

3 Q. I'll ask again. Which CVS did you
4 fill this prescription at?

5 A. I don't think I have to answer. I
6 don't think it matters. It's my private
7 information.

8 MR. BOEHM: Respectfully, counsel --

9 MS. QUEZON: I'm not instructing.
10 There's no HIPAA waiver here. There's -- I
11 mean, she's answered questions that I don't even
12 think she has to answer, but I'm not instructing
13 her not to. This is up to her, what she wants
14 to -- what information she wants to give you
15 about her private medical conditions.

16 MR. BOEHM: I didn't even get to say
17 anything before you --

18 MS. QUEZON: I'm sorry. I
19 apologize.

20 MR. BOEHM: It's okay.

21 MS. QUEZON: But I don't know why
22 you're directing --

23 MR. BOEHM: Because I don't want to
24 direct it at the witness, right. If you'd like
25 me to, I will, but that's not my practice.

1 MS. QUEZON: That's fine.

2 MR. BOEHM: The only point I'm going
3 to make is with respect to the specific question
4 that was pending, that -- where did she fill the
5 medication, number one, the witness doesn't get
6 to choose what's relevant, and then, on that
7 basis, choose not to answer questions. That one
8 in particular doesn't implicate any privacy
9 consideration.

10 MS. QUEZON: Listen. She doesn't
11 have a case pending. She is not a plaintiff
12 suing the Defendants. She is not here in her
13 personal capacity. She didn't have to answer
14 any of those questions in my opinion. She chose
15 to.

16 MR. BOEHM: She raised it.

17 MS. QUEZON: No, she didn't raise
18 it.

19 MR. BOEHM: She did.

20 MS. QUEZON: No. You asked whether
21 or not she had ever taken an opioid before, and
22 she answered it honestly, and at that point I
23 don't think she had to. She is not a plaintiff
24 here, as you know. She has not waived her HIPAA
25 rights.

1 MR. BOEHM: We would just ask you to
2 maybe indicate to the witness, to the extent
3 this is an issue, that there's no HIPAA
4 consideration with respect to where she, as far
5 as I know -- especially when she's the one who's
6 providing testimony about this, about where she
7 filled a particular prescription. If you don't
8 want to, that's fine. I'm just asking. I
9 didn't want to direct it right at the witness.

10 MS. QUEZON: No. I respect that and
11 I thank you for that.

12 In this particular instance, this is
13 her own personal health information, and she has
14 the right to divulge or to refuse to divulge any
15 of her own personal health information in that
16 she's not bringing a claim from a personal
17 perspective against the Defendants. So I'm not
18 going to instruct her in any way. She can make
19 her own decisions about what she wants to reveal
20 or refuse to reveal regarding her own personal
21 medical conditions, who her pharmacist is, who
22 her physicians are. That is up to the witness
23 to make those decisions.

24 BY MR. MASTERS:

25 Q. Which CVS did you fill your

1 prescription at?

2 A. One in the Cleveland area.

3 Q. One in the Cleveland area?

4 A. Um-hum.

5 Q. Do you know the address of that CVS?

6 A. Again, I'm going to reiterate that
7 I'm not going to provide that information.

8 Q. Do you intend, if called upon at
9 trial, to testify about your use of prescription
10 opioids?

11 A. Sure. I can testify.

12 Q. About your own personal use of
13 prescription opioids?

14 A. That were prescribed for a medical
15 procedure?

16 MS. QUEZON: If she's asked and the
17 Court instructs her to answer, she'll answer any
18 questions asked of her. She isn't -- we do not
19 intend to call this witness and get into her own
20 personal prescriptions or medical conditions in
21 any way, shape or form.

22 Q. Would you -- if called upon at trial
23 to testify about your family's experience with
24 substance abuse, would you testify about that?

25 A. No.

1 Q. Did you share the fact that your
2 family has experience with substance abuse with
3 CCBH when you applied for the job?

4 A. No.

5 Q. Do you think that your doctor
6 shouldn't have prescribed you that opioid?

7 MS. QUEZON: Object to the form.

8 A. I'm not a doctor, so that would be
9 up to the doctor to decide that.

10 Q. So this was the doctor's discretion
11 to prescribe you the opioid?

12 MS. QUEZON: Object to the form.

13 Q. Do you think that the doctor
14 shouldn't have prescribed you this opioid?

15 MS. QUEZON: Object to the form.

16 A. Again, I'm not a doctor, so I
17 don't -- I can't answer that question if they
18 should or shouldn't.

19 Q. Let me ask it again. Do you think
20 that the prescribing physician you went to
21 shouldn't have prescribed you oxycodone to
22 recover from your foot surgery?

23 MS. QUEZON: Object to form.

24 A. Again, I'm not a doctor. It's up to
25 the doctor to make that decision on a

1 case-by-case basis.

2 Q. When the doctor prescribed oxycodone
3 to you, did that raise any concerns --

4 MS. QUEZON: Object to the form.

5 Q. -- to you?

6 MS. QUEZON: Same.

7 A. I mean, I'm more aware of things
8 being a problem for people because of the nature
9 of my job. I wouldn't say that it caused
10 concern of any kind. I mean, I'm just aware of
11 it because of the nature of my job.

12 Q. So when you went and filled the
13 prescription, you did that because you thought
14 that was an appropriate thing to do under your
15 circumstances?

16 A. That's what I was instructed to do
17 by the physician, correct.

18 Q. You could have chosen not to fill
19 the prescription?

20 A. Correct.

21 Q. But you chose to because your
22 physician told you to do it and you thought that
23 that was appropriate?

24 A. Um-hum.

25 MS. QUEZON: Object to the form.

1 MR. BOEHM: You got to say yes or
2 no.

3 A. Yes.

4 MR. BOEHM: You've been doing a good
5 job with helping her a lot.

6 MS. QUEZON: Sorry. I'm a little on
7 the objections to form right now, but I will try
8 to help her.

9 Q. So you applied for the job that
10 Allisyn Leppla had vacated because -- in part
11 because of your family's history with substance
12 abuse. Were there any other reasons that
13 motivated your application?

14 MS. QUEZON: Object to the form.

15 A. Sure. I wouldn't say motivated my
16 application. I would say at the Cuyahoga County
17 Board of Health there's many different programs
18 you can work in. I've worked in several. And
19 this was another area of interest where I saw
20 that I could have personal growth. So that's
21 another reason why.

22 Q. What kind of personal growth did you
23 see?

24 A. Well, professional growth I should
25 say.

1 Q. What kind of professional growth did
2 you see?

3 A. It was also a promotion.

4 Q. It was a promotion. Was that all
5 the professional growth that you foresaw?

6 A. No. Obviously I knew -- I mean, I
7 like to learn, so I knew this was going to be a
8 completely different area than I've ever worked
9 in, so I knew there was going to be a lot of
10 learning. I was looking forward to that as
11 well.

12 Q. Who else was under consideration for
13 this position?

14 A. I don't have privilege to that
15 information.

16 Q. So you don't know anybody else that
17 was being considered for this job?

18 A. That information wasn't shared to me
19 by CCBH HR staff.

20 Q. Let me ask another way.

21 Have you learned who else was being
22 considered for that position?

23 A. I know one other internal candidate
24 that was considered for the position, yes.

25 Q. And who was that?

1 A. Becky Karns.

2 Q. Who is she?

3 A. She's a data analyst at the Board of
4 Health.

5 Q. And what role was she in at the time
6 that this position opened up?

7 A. I'm not sure. I just know her title
8 is data analyst.

9 Q. Did you know her at the time?

10 A. We worked on work site wellness
11 together, but that's the only capacity.

12 Q. What is work site wellness?

13 A. It's another committee that I help
14 chair at the Board of Health. Basically we try
15 to establish work site wellness activities for
16 our staff to better morale, like water
17 challenges, exercise challenges, things like
18 that.

19 Q. Do you know if Becky Karns had prior
20 experience working in the opioid-related field?

21 A. No, I don't know that.

22 Q. Do you know why you were selected?

23 MS. QUEZON: Object to the form.

24 A. You would have to ask the people who
25 interviewed me that question. I don't know why.

1 That wasn't shared with me.

2 Q. No one ever told you why you were
3 selected to fill the position?

4 A. No.

5 Q. Do you have an idea why you were
6 selected to?

7 MS. QUEZON: Object to form.

8 A. I'm assuming most qualified, but I
9 don't know the answer to that.

10 Q. Most qualified based on what?

11 A. Whatever their needs were, whatever
12 they had in mind that they foresaw the person
13 filling that position. Again, you would have to
14 speak to the people that interviewed me.

15 Q. And what did you understand the
16 needs of the position to be?

17 A. I would, again, have to look at the
18 posting.

19 Q. So sitting here today, you have no
20 recollection of what the needs of the position
21 were and the purpose of filling that position?

22 A. No. The posting is very general and
23 generic to a program manager position. Applying
24 for the position you may not even know that you
25 were applying for an opioid grant. It's very

1 generic.

2 Q. Did you know you were applying for
3 an opioid-related grant?

4 A. I knew that because I knew because
5 Allisyn was leaving the position. That was the
6 only program manager position open possible at
7 CCBH, so that's the reason why I knew.

8 Q. And when did you become the Cuyahoga
9 County Opiate Task Force co-chair?

10 A. October of this year.

11 Q. And how did that come about?

12 A. Because my supervisor stepped down.

13 Q. Your supervisor, Mr. Caraffi?

14 A. Correct.

15 Q. Why did he step down as chair?

16 MS. QUEZON: Object to the form.

17 A. He -- that wasn't shared with me. I
18 don't know why.

19 Q. So you have no understanding of the
20 circumstances of his departure?

21 A. Absolutely not.

22 Q. Is he still employed at CCBH?

23 A. Yes.

24 Q. Was this something that you applied
25 for?

1 A. Yes.

2 Q. Who did you apply -- to whom did you
3 send your application?

4 A. The HR department.

5 Q. Was anyone else under consideration
6 for this position?

7 A. Well, I just stated that I knew that
8 Becky Karns was. I believe that there were
9 other people under consideration as well.

10 Q. Sorry. I was speaking specifically
11 about the Cuyahoga County Opiate Task Force
12 co-chair position.

13 A. Oh.

14 Q. Let me back up.

15 Did you apply to become the co-chair
16 of the task force?

17 A. No.

18 Q. How did you -- how did that come
19 about?

20 A. Well, basically, my supervisor
21 stepped down and I had to step forward because
22 it's one of our deliverables that had to be met,
23 so I had to step forward to do that.

24 Q. Who asked you to step forward to do
25 that?

1 A. My supervisor.

2 Q. Did he ask anyone else to step
3 forward?

4 A. Well, we reached out to the ADAMHS
5 Board, since now they're technically the hub of
6 the task force.

7 Q. So in your position as co-chair, the
8 other co-chair is the ADAMHS Board person?

9 A. Correct.

10 Q. Is this a job that you take
11 seriously?

12 A. Sure.

13 Q. Do you view the Cuyahoga County
14 Opiate Task Force as an important entity?

15 A. Yes.

16 Q. Why do you view it as an important
17 entity?

18 A. Well, from my limited experience
19 with the task force this year, in the three
20 meetings that I've attended, I can see the
21 camaraderie and the relationships that it has
22 built, so I think that's important to the
23 community.

24 Q. Why is the camaraderie and the
25 relationships that it has built important to the

1 community?

2 A. I think, as we all know, if we work
3 in a fragmented approach to anything, you're not
4 going to get anything done, but if you work
5 collectively together, you accomplish a lot more
6 so you don't duplicate resources.

7 Q. Accomplish what kinds of things?

8 A. Anything from education and
9 awareness around opiate use, treatment for
10 individuals, trainings that may occur we can
11 share with one another so we make sure that the
12 community is aware of the trainings that are
13 available.

14 Q. And would you say that your position
15 as co-chair is an important one in this
16 organization?

17 A. It's an important one as part of
18 this grant.

19 Q. Is being co-chair of the Cuyahoga
20 County Opiate Task Force -- strike that. Let me
21 rephrase.

22 Do the duties you've undertaken as
23 chair -- as co-chair of the Cuyahoga County
24 Opiate Task Force -- is co-chair an important
25 role on the task force?

1 A. Yes.

2 Q. Why is it important?

3 A. Because me, along with the ADAMHS
4 Board member, again, being new to the role, it's
5 my understanding that they help direct
6 information that is shared at the task force
7 meetings.

8 Q. So because the task force itself is
9 important, your role is important in
10 accomplishing the goals of the task force?

11 A. Correct. And again I will say the
12 task force is a group of individuals doing very
13 important things on their own, not related to
14 our deliverables within the grant. This is a
15 very small piece of my job. I know that it's a
16 big focus for this conversation. It's a very
17 small piece of my job.

18 Q. Do you feel you have a duty to the
19 citizens of Cuyahoga County to function
20 effectively as a co-chair of the Cuyahoga County
21 Opiate Task Force?

22 MS. QUEZON: Object to form.

23 A. Absolutely.

24 Q. Have you undertaken to -- what duty
25 do you owe to the citizens of Cuyahoga County as

1 co-chair?

2 MS. QUEZON: Object to form.

3 A. Again, since I'm very new to the
4 role, I'm learning what my duty is. It's not
5 written anywhere. It's not described anywhere.
6 It's happened organically from people who have
7 chaired the task force in the past, and I'm
8 stepping into a position that I'm new to and I'm
9 learning, so I'm learning what that
10 responsibility is.

11 Q. To clarify, you indicated that you
12 absolutely have a duty to the citizens of
13 Cuyahoga County as co-chair of the opiate task
14 force. What do you understand that duty to be?

15 MS. QUEZON: Object to the form.

16 A. I understand it right now, again,
17 being new to the position and learning what my
18 role is, is convening all of these very
19 passionate people, who are very passionate about
20 this epidemic, and many family members who have
21 lost sons and daughters, that get together, talk
22 about what's going on in the community, share
23 information, and make more awareness to
24 hopefully end this epidemic.

25 Q. And that's an important job and

1 something that you think requires the best of
2 your abilities?

3 MS. QUEZON: Object to the form.

4 A. It requires me to help co-chair,
5 yes, and get information to the public.

6 Q. Have you undertaken, as co-chair or
7 in your current role as Injury Prevention
8 program manager, to understand when opiate abuse
9 became a public health crisis in Cuyahoga
10 County?

11 MS. QUEZON: Object to the form.

12 A. Could you repeat that again?

13 Q. Have you undertaken to understand
14 when opiate abuse became a public health crisis
15 in Cuyahoga County?

16 MS. QUEZON: Same objection.

17 A. To pinpoint a particular date, a
18 particular year, I mean, I'm aware of the
19 governor declaring it a crisis last year. I'm
20 aware of the president declaring it a public
21 health emergency last year. That's the
22 information that I've gathered. I know that,
23 looking at the medical data -- when I'm trying
24 to see any kind of what's going on here, I look
25 at the medical data from the medical examiner's

1 office, and if I look at 2015 to 2016, it looks
2 like there's a huge spike in overdose deaths,
3 which again, I'm not a statistician, I'm not an
4 epidemiologist, I can't make any inferences as
5 to exactly what that means, but that looks like
6 that's not a good thing to me if there's an
7 increase in deaths due to drugs.

8 Q. So we talked earlier about the
9 creation of the task force, and you said it was
10 created in 2010; is that right?

11 MS. QUEZON: Object to the form.

12 A. That's what I read was in the
13 report.

14 Q. Do you know why the task force was
15 created in 2010?

16 MS. QUEZON: Object to the form.

17 A. No, I do not.

18 Q. As your -- in your capacity as
19 co-chair of the task force, have you undertaken
20 to understand the origins of the task force?

21 A. Origins being as to why it was
22 established?

23 Q. Yes. Let me ask it again.

24 As co-chair of the task force, have
25 you made any effort to understand why the task

1 force was created in 2010?

2 A. Yes. With my limited knowledge
3 again, I believe it was through some initiative
4 called "Prescription for Safety" or something
5 like that. I don't know the name. It was some
6 initiative back in 2010 that was set forth by
7 some entity I'm not aware of. That's all the
8 knowledge I have.

9 Q. So the task force was created
10 through this Prescription for --

11 A. I think it was Prescription for
12 Knowledge or something like that.

13 Q. Prescription for Knowledge program.
14 And you don't know anything more than that?

15 A. No. To be honest with you, it is my
16 job -- again, I have very limited time. I agree
17 that it's important, but I'm one person, that
18 can do all these deliverables and make sure
19 their sub-grantees meet all of their
20 deliverables -- it's a huge undertaking, so --

21 MS. QUEZON: Slow down a little bit.

22 A. I do feel like it's important -- now
23 I lost my train of thought.

24 MS. QUEZON: Do you want to ask the
25 question again? I apologize.

1 MR. MASTERS: Sure. I'll move on.

2 MR. BOEHM: Her brain only goes at
3 one speed.

4 MR. MASTERS: I wish my brain went
5 at that speed.

6 Q. But you do understand that there was
7 an initiative in 2010 that led to the creation
8 of the task force?

9 A. That's what I have read.

10 Q. So based on what you understand
11 about the history of the task force, do you have
12 an idea, a view about when opioid abuse became a
13 public health crisis in Cuyahoga County?

14 MS. QUEZON: Object to the form.

15 A. Again, I'll just restate what I
16 stated earlier, is I know that the task force
17 was established in 2010. I don't know the
18 purpose or what they were doing or what kind of
19 initiatives they took. I have no idea. I have
20 done my research as far as the past couple of
21 years, because I just took the position in 2018,
22 to be aware of, okay, what's happened the last
23 couple years. That's my time frame I'm looking
24 at. I don't have time to go back eight years
25 and research all of the history. So I've

1 researched the most recent, and, again, going
2 back to '15 to '16 was the most recent trend I
3 saw as far as overdose deaths, so, to me, that
4 was more of an alarming trend in '15, '16.

5 Q. Have you undertaken an effort to
6 understand why opiate abuse became a public
7 health crisis in Ohio?

8 MS. QUEZON: Object to the form.

9 A. Have I taken time to understand why
10 it's become a crisis in Ohio? I've definitely
11 tried to research, you know, what kind of trends
12 could possibly be happening, why Ohio. And,
13 again, I'm not a professor, I'm not a
14 researcher. I can't give an astute answer as to
15 as far as exactly why. I don't think there's
16 one reason. There's many facets of the epidemic
17 that have played a role.

18 Q. As co-chair of the Cuyahoga County
19 Opiate Task Force, do you know who is
20 responsible for putting information on the task
21 force website?

22 A. So prior to me being in the
23 position, I believe that the website was pretty
24 stagnant.

25 There's two websites. We have our

1 CCBH website, where we house an opiate task
2 force opiate page, and then there's the Cuyahoga
3 County Opiate Task Force. That page was created
4 before I was part of the program. That was
5 my -- the person who worked on it before me
6 would upload that information. I had a very
7 hard time -- it was the county executive's
8 office who created that page, it was my
9 understanding. We had no part in creating that
10 page. So it wasn't handled for a very long
11 time, until recently. I finally got in contact
12 with their IT department, which finally returned
13 my calls, and we were able to upload, I think,
14 the two most recent reports. So I work in
15 coordination with their IT department now trying
16 to get updated.

17 Q. And just to be clear, the website
18 you were just talking about, the one that you've
19 been working with the IT department to get
20 access to, is which website?

21 A. The Cuyahoga County Opiate Task
22 Force website created by the executive's office.

23 Q. And now you have access to that
24 website?

25 A. I do not have access to it. I

1 cannot do anything to it. If I want something
2 changed, I have to e-mail their IT department
3 and request that it be uploaded by them.

4 Q. Which you have done?

5 A. Yes.

6 Q. Describe for me what information you
7 asked them to upload.

8 A. I asked them to upload the 2017
9 dissemination plan because the last thing that
10 was uploaded was 2016. I asked them to
11 integrate -- and I can't remember exactly what
12 page it is on there -- a Narcan distribution
13 map, that our data analyst created, where people
14 can interact and see where they can find Narcan
15 that's available at pharmacies.

16 There was outdated data on two of
17 the pages. One was a graph by the medical
18 examiner's office that I asked them to update
19 and one was data from 2017 that would be more
20 reflective of current data. I think they had
21 2013 or '14 data on there.

22 Q. So it sounds like you went through
23 the website, reviewed it, and made sure it was
24 all up to date and accurate; is that fair?

25 A. Yeah. To the best of my knowledge,

1 yes.

2 Q. Is it important that that website
3 reflect accurate information?

4 MS. QUEZON: Object to the form.

5 A. I'll reply with saying I am working
6 on getting it to be reflective of correct
7 information. It's not all-inclusive at this
8 point.

9 Q. Is it important that the website
10 convey accurate information to the public?

11 A. Yes.

12 Q. What information on the website is
13 not currently accurate?

14 A. I would have to look at it.

15 MS. QUEZON: Object to form.

16 A. I can't say off the top of my head.
17 I didn't create it so it's hard for me to know
18 organically what is not up to date. I'm in the
19 process, literally as we speak, of going through
20 it, combing through it, updating it with the IT
21 department.

22 MS. QUEZON: Not this second.

23 A. Not this second, but currently, this
24 month.

25 Q. And that is your role as co-chair?

1 A. That's not my role as co-chair. I
2 am taking that role on because I feel it's
3 important. I wasn't told by anybody to do it.
4 It sat stagnant for a year and I looked at it
5 and said this needs to be updated, so I am
6 taking the initiative to update it.

7 Q. And sitting here today, you can't
8 think of anything in particular that is
9 inaccurate about the website?

10 A. Again, I would have to look at it,
11 because I just updated those two pages in that
12 map. I know that there's more to be updated.

13 Q. What pages have you looked at?

14 A. I would have to look at the website.
15 I can't tell you off the top of my head.

16 Q. Have you looked at the entire
17 website?

18 A. I've looked at -- I think I have.
19 Again, I didn't create it so maybe there's
20 facets to it that I don't know, but I clicked on
21 every tab that was there and looked at it. I
22 haven't had time to have a very comprehensive
23 look at it. I'm the only person doing all of
24 these deliverables and making sure they all get
25 done.

1 Q. So you clicked on each tab and read
2 the page to see if it was accurate. Is that a
3 fair description?

4 A. Yes. And the most important pages
5 that I thought needed updated, I tried to do as
6 soon as I could.

7 Q. So there was some information that
8 was very important that was inaccurate and
9 that's the information that you updated with the
10 IT department at the county?

11 A. I won't say that. I will say I
12 updated the information that I had available
13 that was most recent. There might be other
14 information on there that's old that isn't
15 updated that I don't have the data yet so it's
16 not updated.

17 Q. When you say you provided an update
18 to the county, was that to correct inaccurate
19 information or out-of-date information?

20 A. Out of date.

21 Q. So, for example, you mentioned
22 reports from the medical examiner were out of
23 date?

24 A. There was a graph.

25 Q. And what did that graph discuss?

1 A. I can't say off the top of my head.
2 Again, I'd have to look at it. There's many
3 graphs that I review. I can't remember that
4 specific graph and what it stated.

5 Q. Why was it out of date?

6 A. Because the date was 2013 or '14 and
7 I knew that there was probably more recent data
8 out there that the medical examiner had.

9 Q. Other than the information that is
10 out of date that you've identified, in your
11 review of the Cuyahoga County Opiate Task Force
12 website have you seen anything that was
13 inaccurate?

14 A. Well, again, it was created by
15 someone else, so I can't make a stance on that.
16 And, again, me not being the person that created
17 it or knowing what they meant by what they were
18 saying, I can't say that. I don't know if it
19 was inaccurate or not because I didn't create
20 it.

21 Q. But you reviewed it, right?

22 A. I looked at the pages that needed to
23 be updated.

24 Q. You said you clicked on each tab?

25 A. Well, I did, yes. I didn't read it

1 thoroughly. I specifically looked at the most
2 recent data, because that's what I had time to
3 do that day.

4 Q. So you looked at the tab and then
5 you read the page and then you provided an
6 update if some of the information was out of
7 date, correct?

8 A. Correct.

9 Q. In those pages that you reviewed,
10 was there any information that you saw that was
11 inaccurate?

12 A. Again, I'll restate. I don't know
13 because I didn't create the narrative for what
14 was on the platform. I only updated the graphs
15 that were out of date. So it's not my place to
16 say if it's inaccurate or accurate. I wasn't
17 the person that put it up there in the first
18 place.

19 Q. You reviewed the information, right?

20 A. Sure.

21 Q. You read it, right?

22 A. I specifically looked through each
23 tab, and as I stated, what stood out to me the
24 most that was most high on my priority was the
25 fact that it had been sitting stagnant for a

1 year. I knew there was data that was most
2 recent. So I sent the data that was most
3 recent, the graphs that I had. As far as the
4 other narrative, I did not specifically word for
5 word comb through to make sure that it was
6 accurate. I am, again, in the process of
7 working with their IT department to do that
8 currently.

9 Q. And so far in the review process
10 have you found anything that is inaccurate?

11 A. So far in my review process, the
12 furthest I've gotten, because I just recently
13 gained access to their IT department, is the
14 graphs.

15 Q. But you've had access to the website
16 for longer than you've had access to the IT
17 department, right?

18 A. No.

19 Q. You can access the website on the
20 internet?

21 A. I can look at it.

22 Q. And you can review the content
23 that's on the internet?

24 A. I did not. I did not have time to
25 do that because of everything else I was tasked

1 with. That was low on my priority, to be honest
2 with you.

3 Q. So until recently, you didn't
4 undertake an effort to read what was listed on
5 the Cuyahoga County Opiate Task Force website?

6 A. I did make an effort, and I did that
7 initially with my job. I realized that things
8 were out of date again, so it took me months to
9 gain access to the executive's office IT
10 department for them to respond to me to where
11 now I can give them updated information, which I
12 am doing.

13 Q. And so far in whatever review you've
14 been able to do, have you determined that
15 anything on the website was inaccurate?

16 A. I will state once again, in my
17 review of the documents, I was looking
18 specifically at the data because it's very
19 important to get the correct data out, and
20 updated data. So that's what I updated with the
21 IT department. I am currently, this month,
22 reviewing, combing over the pages, to update any
23 information on the other pages. There's no
24 other way I can word it.

25 Q. You mentioned there were two

1 websites?

2 A. Yes.

3 Q. What is the other website?

4 A. It's under CCBH.net. It's our
5 Cuyahoga County Board of Health website.

6 Q. And who maintains the content on
7 that website?

8 A. We contract with a web team and they
9 maintain the contact. We have to go through
10 them to get things uploaded to our website.

11 Q. They upload the content that you
12 guys provide, so who is responsible for
13 providing content to them?

14 A. Staff at the Board of Health.

15 Q. Does that include you?

16 A. Yes.

17 Q. Who else does it include?

18 A. Every single staff member at the
19 Board of Health. If they need an update to
20 their program that they work in, they literally
21 have to take that -- it's a queue that they call
22 it. We have to e-mail that to our communication
23 and marketing director as well as the
24 epidemiology director. They have some Excel
25 spreadsheet that has these queues of requests

1 that need to be updated to our website. And I
2 don't know how they prioritize what gets done
3 and what doesn't. We make the request, we
4 provide the information, and then we wait for
5 that to be updated on our website.

6 Q. To be specific, with respect to the
7 opiate task force portion of the CCBH website
8 that you mentioned earlier --

9 A. Um-hum.

10 Q. -- who is responsible for providing
11 content to the IT entity that uploads?

12 A. That would be my supervisor and
13 myself.

14 Q. Have you provided content to upload
15 to the website related to opioids?

16 A. The content that -- yes. So the
17 recent report, the 2017 dissemination report, we
18 requested for that to be uploaded, and then the
19 interactive Narcan map we requested to be
20 uploaded.

21 Q. Anything else?

22 A. I'd have to go back and look at my
23 e-mails to the two departments and look at the
24 queue, to be honest with you. There might have
25 been minor changes, like formatting or something

1 like that, but I don't -- I don't remember
2 specifics.

3 Q. You mentioned that the annual report
4 for the Cuyahoga County Opiate Task Force is
5 printed?

6 A. It used to be printed.

7 Q. Is it disseminated?

8 A. I don't know -- I don't know what
9 they did before. I know that it's definitely
10 uploaded on the two websites. I don't know how
11 it was passed out or given the previous years.

12 Q. This report that you're currently
13 working on relating to the task force, do you
14 intend to send it out?

15 A. The report that I'm currently
16 related on -- working on are the Injury
17 Prevention grant, which encompasses the task
18 force. We intend on distributing it
19 electronically.

20 Q. You will not print it?

21 A. We do not have the budget to print
22 it.

23 Q. And to whom will you distribute it
24 electronically?

25 A. Primarily task force members.

1 Q. How are these task force members
2 identified?

3 A. We have a running list of e-mails of
4 individuals that attend meetings, and any time
5 there's anyone new, we add them to the group
6 e-mail.

7 Q. Who's responsible for adding them to
8 the group e-mail?

9 A. My supervisor and myself.

10 Q. Does your supervisor do that
11 regularly?

12 A. Um-hum.

13 MS. QUEZON: Yes?

14 THE WITNESS: Yes.

15 Q. Do you do that regularly?

16 A. Yes.

17 Q. Who's primarily responsible for
18 making sure that the membership rolls are up to
19 date?

20 A. I am.

21 Q. So you have an understanding of who
22 the members of the opiate task force are?

23 A. I have an understanding as far as
24 the regular attendees and who they are and
25 people who are very active in the task force,

1 yes. The 250, I don't know them all, no.

2 Q. Who are the active members of the
3 task force that you are aware of?

4 A. I'd have to look at our last
5 meeting, honestly. There was 60 people there.
6 So I'd have to look at our last meeting sign-in
7 sheet to tell you all their names. Roughly,
8 there's 40 to 60 people at every meeting.

9 Q. You said you have an understanding
10 as far as the regular attendees. Who are the
11 regular attendees?

12 A. The people that we see at the
13 meetings, the 40 to 60. There's a core group of
14 40 to 60. Again, I would have to look at the
15 list of names to give you those regular
16 attendees.

17 Q. Are there any county officials that
18 are included in the regular attendees of the
19 task force?

20 A. They do not attend. Okay. They
21 haven't attended since I have been involved with
22 the task force.

23 Q. What about other county employees?

24 A. Well, there's myself. My supervisor
25 hasn't attended since he resigned. We have

1 support staff that attends sometimes and takes
2 minutes. But as far as other county employees,
3 I guess the ADAMHS Board is considered a county
4 employee. I'm not sure. I'd have to define
5 exactly what a county employee is since we're
6 separate from the executive's office.

7 Q. You mentioned Mr. Caraffi stopped
8 attending task force meetings?

9 A. Correct.

10 Q. Why?

11 A. I didn't ask. I don't know. You'll
12 have to ask him.

13 Q. He hasn't said anything to you about
14 it?

15 A. Nope.

16 Q. Nobody else has said anything to you
17 about it?

18 A. I've been asked why and I say I
19 can't provide that answer, you'll have to talk
20 to him about it.

21 Q. Are you -- strike that.

22 You mentioned the Injury Prevention
23 grant, which you receive from the state, and the
24 PDAAG grant, that you receive from the state?

25 A. Yes.

1 Q. Are there any other grants that fund
2 opioid-related activities at CCBH?

3 MS. QUEZON: Object to the form.

4 A. Yes. Well, there's other
5 initiatives that have been funded through the
6 Ohio Department of Health and the CDC. I
7 mentioned earlier in the day we have the
8 supplemental grant called "Alternatives to
9 Incarceration." That's done through
10 MetroHealth. And then we have the Epi
11 Validation project that's funded through Ohio
12 Department of Health. And then we have the ACEs
13 grant that I referred to earlier as well.

14 Q. Are there any other grants?

15 A. Not to my knowledge. That's all I'm
16 aware of at CCBH.

17 Q. So all of the grants that CCBH has
18 for opioid-related activities are provided by
19 the Ohio Department of Health and the CDC?

20 A. Yes, so far.

21 Q. Has CCBH ever requested funding from
22 Cuyahoga County?

23 A. I don't have any knowledge of that.
24 At least not in the year that I've been there.
25 That's the only knowledge I have.

1 Q. To put a finer point on it, has CCBH
2 ever requested money from Cuyahoga County
3 relating to opioid abuse?

4 A. Again, I don't have that answer
5 because I wasn't in the program in the past. So
6 I'm not aware of any this year in my current
7 capacity starting in January.

8 Q. Are you aware of CCBH ever receiving
9 funding from Cuyahoga County relating to opiate
10 and opioid abuse?

11 A. I am not aware.

12 Q. Has CCBH ever undertaken an
13 analysis, computation or calculation to
14 determine what expenditures the county has made
15 or would need to make to address opioid abuse
16 and its complications in the county?

17 MS. QUEZON: Object to the form.

18 A. Again, I started in this position in
19 January. I only have knowledge as far as the --
20 what capacity I serve in January with my -- as a
21 program manager. I do not know of some kind of
22 initiative. I'm sure that kind of initiative
23 could be completed by someone. Maybe it's
24 happening at the executive's office. I don't
25 know.

1 Q. But at CCBH you are not aware of any
2 analysis, computation or calculation to
3 determine expenditures the county has made or
4 would need to make to resolve or respond to
5 opioid abuse and its complications in the
6 county?

7 MS. QUEZON: Same objection.

8 A. Again, me, as an Injury Prevention
9 coordinator, that's not my role to know those
10 things. It has never been told to me. It's not
11 my role to seek out if that's happening as well.

12 Q. Given that you're the opiate task
13 force co-chair and the Injury Prevention
14 coordinator, do you think that if such an
15 analysis were undertaken, that you would be
16 consulted?

17 MS. QUEZON: Object to the form.

18 A. I have no idea.

19 Q. Who else -- who would they consult
20 if they were to do such a thing?

21 MS. QUEZON: Object to the form.

22 A. To be honest with you, that's out of
23 my scope of knowledge or expertise. I have no
24 idea.

25 Q. All right. We're turning to -- all

1 the way back to Exhibit 1. On page 2, at the
2 top of the section titled "Leadership" --

3 A. Um-hum.

4 Q. -- it lists "Safer Prescribing
5 Practices Collaboration Member"; is that right?

6 A. Correct.

7 Q. What is the Safer Prescribing
8 Practices Collaboration?

9 A. And I apologize. I incorrectly
10 named the collaboration. It's actually called
11 "Safe Rx," so safe prescriptions.

12 The goal of the collaboration --
13 there's seven counties involved, and Summit
14 County heads up the initiative. It's focused
15 around Duterra pouches, so our main and only
16 goal is to distribute Duterra pouches, which, if
17 you're not familiar with them, they help you
18 properly dispose of medications in a household.
19 So we get them from the collaborative and we
20 distribute those through Cuyahoga County.

21 Q. What is the collaborative?

22 A. Again, it's seven counties. There's
23 an individual from each county, whether it be
24 the Mental Health Board or the Cuyahoga County
25 Board of Health. It could be somebody from --

1 Drug Safe Ohio serves on it from Summit County.
2 So there's seven of us representing the seven
3 counties, and then we take the disposable
4 pouches and distribute them throughout each of
5 our respective counties.

6 Q. And are you Cuyahoga County's member
7 on that collaborative?

8 A. Correct.

9 Q. Does this collaborative do anything
10 other than distribute Duterra pouches?

11 A. We meet to discuss how we can
12 distribute them, what is the best method to
13 distribute them, can we partner with pharmacies
14 to distribute them.

15 Q. What pharmacies have you partnered
16 with to distribute them?

17 A. And, again, I'm not the lead on it
18 so I can't speak to all of her work. I know
19 that they have partnered with Acme in Summit
20 County, but I don't know other pharmacies that
21 they've partnered with.

22 Q. Does this collaborative discuss
23 prescribing practices?

24 A. No. That's why I apologize. It's
25 mislabeled. I apologize.

1 Q. I missed it. So it's not just the
2 word "Safer" that's wrong?

3 A. It's just called "Safe Rx."

4 Q. Safe Rx Collaboration?

5 A. Like safe prescriptions, correct.
6 So I apologize.

7 Q. In your work at CCBH, were you a
8 board member on the Council on Older Persons?

9 A. Yes. That was when I worked in my
10 capacity for aging.

11 Q. And what did you do on the Council
12 on Older Persons?

13 A. Basically, it's a meeting where they
14 have presenters that present pertinent
15 information on elder issues in Northeast Ohio.

16 Q. Did opiate use and abuse ever come
17 up as part of your work on that council?

18 A. No, not while I served on it. I
19 haven't been to a meeting in a very long time
20 because I haven't had time to go.

21 Q. When did you join that council?

22 A. 2014.

23 Q. And just so I understand correctly,
24 this council discussed important issues relating
25 to the elderly?

1 A. Yes. But, again, I haven't been to
2 a meeting, I would say, in a year and a half.

3 Q. And while you were going to these
4 meetings regularly, what kinds of issues were
5 discussed?

6 A. Mostly legal that was happening with
7 Medicare and Medicaid. That's more of its focus
8 is Medicare and Medicaid issues with seniors.

9 Q. Medicare and Medicaid covers
10 prescription medications, right?

11 A. Right. But again, I -- it's been a
12 while since I've been there. I can't recall
13 every speaker that spoke and what they spoke
14 about.

15 Q. My question is just did prescription
16 medications, including prescription opioids,
17 ever come up in your discussions on the council?

18 A. I honestly do not remember.

19 Q. What is the PDO Committee?

20 A. That's Prescription Drug Overdose.
21 So that's -- there are two pots of money at the
22 state level. There's the Injury Prevention pot
23 of money and there's PDO's pot of money. We got
24 our funding out of the Injury Prevention pot of
25 money. There are other entities in the state

1 that get their money from the PDO pot of money.
2 And I'm not very familiar with it. That's all I
3 know really.

4 Q. So Cuyahoga County has -- sorry.
5 Let me strike that and let me rephrase.

6 Cuyahoga County Board of Health does
7 not get any money from the PDO pot of funding?

8 A. I honestly can't speak to the
9 logistics behind that. I know that it's an
10 Injury Prevention grant, and what I can say is
11 there's the Ohio Injury Prevention Partnership,
12 the OIPP, and under that there's three entities.
13 There's the traumatic brain injury, there's
14 falls amongst older adults, and there's
15 prescription drug overdose. And we are on the
16 committee of prescription drug overdose because
17 that's our world. But I can't say if -- I
18 can't, you know, define exactly what PDO
19 committee is.

20 Q. Do you participate in calls or
21 conferences relating to PDO?

22 A. Our conference calls are called
23 "PDO," yes, monthly conference calls with ODH.

24 Q. What are these conference calls?

25 A. It could be them providing a speaker

1 from one of the agencies that currently has a
2 grant to talk about current work that they're
3 doing, successes that they've had, barriers that
4 they've had. They might talk about what kind of
5 policies you see in your area that are being
6 successful. It's basically information sharing
7 from all the grantees.

8 Q. And who joins in on these calls?

9 A. There are several people from the
10 Ohio Department of Health, program consultants,
11 and then all of the grantees around the state.

12 Q. Is there someone who is in charge of
13 these calls?

14 A. Yes. The person right now that
15 coordinates this call is a program consultant at
16 the State of Ohio, Esther Benatar.

17 Q. Have you ever met Esther?

18 A. Um-hum.

19 MS. QUEZON: Yes?

20 THE WITNESS: Yes.

21 Q. Who is she?

22 A. She's one of the program consultants
23 at the State of Ohio for Injury Prevention.

24 Q. What does it mean to be a program
25 consultant?

1 A. I have no idea.

2 Q. Does she oversee your work at CCBH?

3 A. So she's one of the program
4 consultants. There are many different facets to
5 our work. She oversees our monthly conference
6 calls. Our direct program consultant for work
7 that needs to be tracked and reported is Tina
8 Kranposki, who I referred to before.

9 Q. And nobody at Cuyahoga County is
10 involved in overseeing your work on the Injury
11 Prevention program grant, correct?

12 A. My supervisor is.

13 Q. So he -- your supervisor is employed
14 by the Cuyahoga County Board of Health?

15 A. Um-hum.

16 MS. QUEZON: Yes?

17 THE WITNESS: Yes.

18 Q. Is there anyone in the county
19 executive's office who is involved in overseeing
20 your work for the Injury Prevention program
21 grant?

22 A. No, not at all.

23 Q. Do you report anything that you do
24 to them?

25 A. Not in -- not since I've been there

1 in January 2018. They may have prior.

2 Q. Have you ever provided updates to
3 somebody employed by the county relating to your
4 work for Injury Prevention program --

5 A. Just through the website, the IT
6 department that I work with.

7 Q. Other than through the website, you
8 have not provided any update to anybody at the
9 county relating to your work?

10 A. No. I haven't been asked to. I
11 mean, if they attend one of our opiate task
12 force meetings, they're going to get that
13 information, but directly I haven't been asked
14 to do that task.

15 Q. The Injury Prevention program --
16 (Interruption.)

17 THE VIDEOGRAPHER: Off the record.

18 (Short recess had.)

19 THE VIDEOGRAPHER: On the record,
20 2:48.

21 Q. The Injury Prevention program grant
22 that you are in charge of coordinating and
23 directing is set to expire in September after
24 the crisis funding runs out; is that correct?

25 A. Correct.

1 Q. How much crisis funding did you
2 receive from ODH?

3 A. \$125,000.

4 Q. Is that consistent with the amount
5 of funding you typically receive for that time
6 period?

7 A. For the core grant, correct.

8 Q. What injuries does the Injury
9 Prevention program grant intend to prevent?

10 MS. QUEZON: Object to the form.

11 A. Within the work plan, which is
12 Exhibit 6, the long-term objective, by September
13 30th, 2023 fatalities related to drug overdose
14 in Cuyahoga County will be reduced by 10
15 percent.

16 Q. So the grant is specific to drug
17 overdoses?

18 A. Correct.

19 Q. Does that include any kind of drug
20 overdose?

21 A. Again, I didn't write this
22 terminology. It's kind of set by the State of
23 Ohio. But we do track all drug overdoses, yes.

24 Q. Now, are the activities that CCBH
25 undertakes under this grant targeted toward all

1 drug overdoses?

2 MS. QUEZON: Object to the form.

3 A. The activities of this current grant
4 is towards all drug overdoses, but initially,
5 for the past five years, it was prescription
6 drug overdose. They just currently changed that
7 terminology this year to drug overdose. The
8 past five years has been prescription drug
9 overdose.

10 Q. Part of the activities included in
11 the logic model for the Injury Prevention
12 program grant are activities relating to
13 naloxone; is that correct?

14 A. In the logic model?

15 Q. Yes.

16 A. I'd have to look at the logic model
17 that they created.

18 Q. Was naloxone part of a deliverable
19 in the grant that you currently work on?

20 A. In the grant that we currently work
21 on, which is reflective of some of these
22 deliverables, I can speak to naloxone increase
23 in site distribution.

24 Q. So some of your activities relate to
25 naloxone?

1 A. Distribution of naloxone.

2 Q. What is naloxone?

3 MS. QUEZON: Object to the form.

4 A. I can describe it in the capacity
5 that I know naloxone to be. Again, I'm not a
6 physician or a specialist in naloxone. It's a
7 life-saving drug that saves someone from a drug
8 overdose.

9 Q. Any particular kind of drug
10 overdose?

11 MS. QUEZON: Object to form.

12 A. Specific to opioids is my
13 understanding.

14 Q. Specific to prescription opioids or
15 prescription and illicit opioids?

16 MS. QUEZON: Object to the form.

17 A. The way that I've been trained
18 through Narcan training that I've taken, it's
19 all opioids.

20 Q. Including illicit opioids?

21 MS. QUEZON: Objection.

22 A. They didn't define it as such. They
23 just said all opioids.

24 Q. But do you understand naloxone to be
25 administered when, for example, an individual

1 suffers an overdose from heroin?

2 A. Yes.

3 Q. What about from illicit fentanyl?

4 MS. QUEZON: Object to the form.

5 A. I don't know.

6 Q. So it's -- how much of your funding
7 on a year-to-year basis relates to the
8 distribution of naloxone?

9 A. Well, so this previous year, January
10 till now, 2018, it has not been deliverable
11 based, so like I wouldn't be able to break it
12 out percentage-wise for you. Moving forward,
13 they are moving towards a deliverable base, but
14 again, I don't know that exact percentage.

15 Q. You mentioned that the previous
16 grant was specific to prescription drug
17 overdoses?

18 A. That five-year, non-competitive was
19 called "Prescription Drug Overdose Grant."

20 Q. That language was included in the
21 grant?

22 A. That language is included as far as
23 what tier you could apply for. So, again, there
24 was childhood brain -- traumatic brain injuries,
25 fall prevention for seniors, and prescription

1 drug overdose.

2 Q. Going forward, that language is no
3 longer there you said?

4 A. It's changed -- it was changed for
5 this application, which again, we didn't get.
6 It was changed for 2019, drug overdose
7 prevention.

8 Q. So, going forward, the emphasis of
9 the Injury Prevention program grant is all drug
10 overdoses?

11 A. Correct.

12 Q. Why did that language change?

13 MS. QUEZON: Object to the form.

14 A. I have no idea. It was a decision
15 made at the state.

16 Q. Do you have a view about why they
17 might have made that decision?

18 MS. QUEZON: Same objection.

19 A. No, I do not.

20 Q. What was prescription drug overdoses
21 meant to include?

22 A. Again, I wasn't involved with the
23 writing of it. I don't know what it was meant
24 to include. I just know what was written in the
25 work plan.

1 Q. In your experience as the project
2 director for this particular grant, how do you
3 interpret that language?

4 A. Which language?

5 Q. In your experience as project
6 director for the Injury Prevention program
7 grant, how do you understand prescription drug
8 overdoses to mean?

9 A. Overdose from prescription drugs.

10 Q. It does not -- it is not meant to
11 include -- strike that.

12 What about heroin?

13 MS. QUEZON: Object to form.

14 A. What about heroin?

15 Q. Would heroin be encompassed within
16 the phrase "prescription drug overdoses"?

17 MS. QUEZON: Object to the form.

18 A. To my knowledge -- again, I'm not an
19 expert, but I don't believe heroin is a
20 prescription drug.

21 Q. And if cocaine and heroin were mixed
22 together and resulted in an overdose, would that
23 be considered a prescription drug overdose?

24 MS. QUEZON: Object as to form.

25 A. Well, the way that we report back to

1 ODH is all overdoses. They don't have us break
2 it out as to what -- what substance it is.

3 Q. So the grant says that it is focused
4 specifically on prescription drug overdoses, but
5 you report all overdoses?

6 A. Well, again, in my current capacity,
7 I'm learning how to report to ODH, and what
8 numbers they require from us, so I give them the
9 medical examiner's report, and if they need
10 further information and want us to break it out,
11 they request that we give them all overdose
12 data, so that's what we give them; and if they
13 need us to break it out, then we break it out.

14 Q. What do you mean by "all overdose
15 data"?

16 A. Meaning from the medical examiner's
17 report.

18 Q. What does the medical examiner's
19 report contain?

20 MS. QUEZON: Object to the form.

21 A. I would have to look at the medical
22 examiner's report, but what I'm referring to is
23 drug overdose data that he tracks.

24 Q. And you pass the medical examiner
25 report on to the state?

1 A. Um-hum.

2 MS. QUEZON: Yes?

3 THE WITNESS: Yes.

4 Q. Do you aggregate it?

5 A. I don't do anything with it other
6 than give it to the state.

7 Q. So it just passes through you?

8 A. Correct.

9 Q. And so if that report contains
10 overdoses not related to prescription drug
11 overdoses, that information will get passed on
12 to the state?

13 A. Um-hum.

14 MS. QUEZON: Yes?

15 THE WITNESS: Yes.

16 MS. QUEZON: My substitute is here,
17 so whenever you want to take a break. We don't
18 have to wait until 3:15. We can if you guys
19 want to. I just wanted to let you know.

20 MR. MASTERS: Let's take a break.

21 THE VIDEOGRAPHER: Off the record.

22 (Recess had.)

23 THE VIDEOGRAPHER: On the record,
24 3:22.

25 BY MR. MASTERS:

1 Q. All right. Earlier today you
2 testified that there are many facets of the
3 epidemic that have played a role; is that
4 correct?

5 A. Correct.

6 Q. What did you mean by that?

7 A. Just from my short time that I'm
8 becoming familiar with the epidemic, you know,
9 sometimes people say, "Well, what caused the
10 epidemic?" A lot of people ask that question,
11 what caused the epidemic, and there's not one
12 answer for that. So that's what I mean, many
13 facets. You can point to society. You can
14 point to individual addiction behavior. You can
15 point to pharmaceutical companies. You could
16 point to doctors. You can point to many
17 different facets, but there's not one.

18 Q. What other facets are there other
19 than the ones you've mentioned?

20 A. Oh, I don't know. I'm just
21 generally speaking. I'm not an expert as far as
22 how many there are. I'm sure there's hundreds,
23 but I don't know. As far as an addiction
24 specialist, I'm not one.

25 Q. So let's go through the ones that

1 you just mentioned.

2 A. Sure.

3 Q. You said society as a cause of the
4 current epidemic. What did you mean by that?

5 A. I guess maybe the stress of our
6 society. I'm generally speaking as just an
7 individual. You know, life can be hard. Some
8 people take it easier than others.

9 Q. And by that you mean that our stress
10 and the difficulty of life has an impact on
11 prescription drug abuse?

12 MS. WILSON: Objection to form.

13 A. I don't think I'm saying that. I
14 think I'm just speaking in general. There are
15 many factors that play into the role of the
16 epidemic.

17 Q. Individual addiction behavior is
18 another facet that you mentioned. How does that
19 play a role in the epidemic?

20 A. I guess I was speaking to the
21 science behind someone who suffers from
22 addiction. Again, I'm not a medical doctor, but
23 in conversations amongst public health
24 professionals, individuals that discuss this,
25 documentaries I've watched, that's one thing

1 that's mentioned is someone's own internal
2 makeup, they can't help that.

3 Q. What documentaries have you watched?

4 A. Oh, geez. There's -- I would have
5 to go back and look at my history on Google or
6 YouTube.

7 Q. Can you think of one?

8 A. One documentary that I watched is a
9 documentary called "Dopesick," and that was
10 recommended through a conference that I went to.

11 Q. What conference was that?

12 A. The National Harm Reduction
13 Conference of this year.

14 Q. What was the focus of that
15 conference?

16 A. Harm reduction, so the focus was,
17 again -- so this was written into last year's
18 grant. I didn't write it. I didn't choose for
19 me to go to this conference, but I went because
20 that encompassed my current role.

21 So harm reduction being safe needle
22 exchange, clean needle exchange, making sure
23 that the drugs that the individuals are using
24 are safe, so they had fentanyl testing
25 information there, fentanyl strip testing

1 information there.

2 Q. You said you can point to doctors.
3 What is the doctor's role in the opioid
4 epidemic?

5 A. So, again, just in general I was
6 throwing out things that have been mentioned in
7 documentaries or just in conversation, things
8 you've seen on the television. I'm not
9 personally saying that I believe that to be
10 true. I'm saying things I've seen on
11 television.

12 Q. You said you could point to doctors
13 as being a cause of the opioid epidemic. What
14 did you mean by that?

15 A. So what I meant -- when you asked me
16 what facets and I gave examples of what those
17 facets could be, I'm not saying that that is the
18 facet that caused it. You asked me to give
19 examples as far as what kind of facets. So I
20 was just speaking in general terms.

21 Q. Why did you mention doctors in
22 particular?

23 A. Because I've heard that on the
24 television.

25 Q. Have you looked into the role of

1 doctors in your capacity as co-chair of the
2 opiate task force?

3 A. No. That's not my role to look into
4 that. My role is to address these deliverables
5 within our grant.

6 Q. Those deliverables include -- are
7 aimed at reducing overall fatalities from drug
8 overdoses, right?

9 A. Correct. If we had more money
10 perhaps locally, then I could hire another
11 individual to do that, but my role is to stick
12 to these deliverables within the grant and make
13 sure that they're accomplished.

14 Q. Do any of the deliverables that you
15 have involve doctors?

16 A. The only deliverable is the proper
17 prescribing guidelines that we discussed earlier
18 with MetroHealth, and I detailed that for you
19 previously.

20 Q. So that is a deliverable?

21 A. To give the education, yes, but it's
22 not my role to research what role doctors may or
23 may not have had in the epidemic.

24 Q. But do you have a view?

25 A. That's not my role to have a view.

1 Q. Do you have a view on the role of
2 doctors in the opioid epidemic?

3 A. Again, that's not my role to have a
4 view on the role of doctors in the opioid
5 epidemic.

6 Q. I understand that that is not your
7 role as you see it, but I'm asking a slightly
8 different question. Do you have a view about
9 the role of doctors in the opioid epidemic?

10 A. And I'll just restate my answer from
11 previously. I don't believe it's my job to have
12 a view. My role specific to my job --

13 Q. Do you have a view about the role of
14 physicians in the opioid epidemic?

15 A. I understand your question. I'm
16 going to answer it the same way.

17 Q. Do you have a view about the role of
18 physicians in the opioid epidemic?

19 A. No, I do not have a view.

20 MS. WILSON: Objection.

21 Q. You have no view about --

22 A. It's not my job to have a view.

23 Q. What other facets or causes of the
24 opioid epidemic can you point to?

25 A. Again, I'm not a researcher. Just

1 in general I spoke to certain facets that may
2 contribute.

3 Q. But you're the chair -- co-chair of
4 the opioid -- of the Cuyahoga County Opiate Task
5 Force.

6 A. Yes.

7 Q. And in that capacity, have you
8 thought about other aspects, other facets that
9 might have contributed to the opioid epidemic?

10 A. What I've thought about is how am I
11 going to meet these deliverables that have to be
12 done with a very small amount of money from the
13 Ohio Department of Health. That's what I've
14 thought about.

15 Q. Are there any other facets or causes
16 that you didn't mention earlier?

17 A. There could be.

18 Q. What other facets could there be?

19 A. Again, I'm not a researcher or an
20 epidemiologist to follow that kind of
21 information.

22 Q. So you don't know what other
23 possible facets could be contributing to the
24 opioid epidemic?

25 A. No. What I'm saying is I'm not an

1 expert and it's not my job to know all of the
2 facets that may have contributed to this
3 epidemic. If I was, I would be a researcher.

4 Q. So if you know of other facets that
5 you did not mention, we are asking you to do
6 that right now.

7 A. I'm telling you in my role it's not
8 my job to know other facets that may contribute
9 to the epidemic.

10 Q. Do you know of any other facets that
11 have contributed to the epidemic?

12 MS. WILSON: Objection to form.

13 A. There could be other facets. I
14 don't know all of them.

15 Q. Are you aware of some of them?

16 A. I just spoke perhaps to some of
17 them.

18 Q. In addition to those, are there any
19 others that you currently personally are aware
20 of?

21 A. I just said there could be. I don't
22 know.

23 Q. So other than the ones that you
24 mentioned, there are no other causes that you're
25 aware of for the opioid --

1 A. I'm not stating that. I said there
2 could be, but I do not know because I am not an
3 expert, I'm not a researcher, I'm not a
4 published researcher, I'm not an epidemiologist.
5 I'm a program manager of an ODH grant to meet
6 the deliverables of the work plan.

7 Q. And you're also the co-chair of the
8 Cuyahoga County Opiate Task Force?

9 A. Correct, which is a small piece of
10 my job.

11 Q. What percentage of your job is it?

12 A. Again, I said it's not deliverable
13 based, so I can't give you a percentage. I
14 don't know what percentage.

15 Q. When you say "small piece," what
16 does that mean?

17 A. If you refer to Exhibit 6, again,
18 coalition building is the first program impact
19 objective. That's one objective of -- if you go
20 through, I can count them for you, but it's only
21 one objective of this -- however many pages this
22 document is. It's one objective of many.

23 Q. How much time do you spend on your
24 duties as Cuyahoga County Opiate Task Force
25 chair?

1 A. I would have to go back and look at
2 my recorded time at the Board of Health.

3 Q. Do you spend more than 20 hours a
4 week?

5 A. It varies from week to week
6 depending on when the meeting is, what speakers
7 we're collaborating with. It varies.

8 Q. On average, how many hours a week do
9 you spend?

10 A. I cannot on record give you an exact
11 amount.

12 Q. I'm asking for an estimate.

13 A. And I'm telling you the truth. I
14 cannot give you an estimate. It varies from
15 week to week, from month to month.

16 Q. Is it more than half of your time?

17 A. I can't give you an estimate.

18 Q. Is it something that you do or think
19 about every day?

20 A. No.

21 Q. Every week?

22 A. Probably every week, but I don't
23 know how long. I might be researching speakers.
24 I might be talking to the ADAMHS Board. There
25 might be a day I don't think about it at all.

1 Again, I can't give you an exact answer. And
2 I'm being honest. No matter how you ask me the
3 same question over and over and over again, it's
4 going to be the same answer. I don't know.

5 Q. All right. When you say a small
6 part of your job, does that mean half?

7 A. Again, if you look at the
8 deliverables, if you wanted to get a calculator
9 out and break it out and take one hundred
10 percent of my job and look at how many
11 deliverables are here and divide it by the
12 number of deliverables, that may be the
13 percentage I spend. It could be more or less,
14 again, depending on the week or day and what
15 activities I have going on for that day.

16 Q. When you say it's a small part of
17 your job, do you intend that to mean it is less
18 than half of your job?

19 A. I just mean it to intend that it is
20 one of the many deliverables that I am supposed
21 to reach, meaning like -- you keep speaking
22 about it like it's my main job and that's the
23 only job I have, and I keep trying to redirect
24 you to this work plan, saying there's many other
25 things that are part of my job.

1 Q. Right now what I'm trying to do is
2 to understand how much of a part of your job it
3 is.

4 A. I told you I can't give you that
5 answer.

6 Q. And so my question is, you have some
7 basis for saying it's a small part of your job,
8 and I'm trying to get an estimate of what -- how
9 much of your job that is. So is it less than --
10 is less than half of your time spent on the
11 Cuyahoga County Opiate Task Force?

12 A. Probably -- if we were to equate it,
13 again, to this work plan and we did some
14 mathematical equation dividing a hundred percent
15 by the number of objectives I have, it's
16 probably going to be less because it's only one
17 of ten, if you want to see that on paper.

18 Q. Is it -- do you spend more time on
19 the Cuyahoga County Opiate Task Force
20 deliverable or less time than you do on the
21 others?

22 A. I try to spend equal time.

23 Q. So you spend equal time on each
24 deliverable?

25 A. I try to, depending again on the

1 day. One might be more important one day than
2 the other day.

3 Q. So would it be fair to say that only
4 1/27th of your time is spent on Cuyahoga County
5 Opiate Task Force-related duties?

6 A. No, that's not fair to say.

7 MS. WILSON: Objection to form.

8 Q. Why isn't it fair to say?

9 A. Because I can't give you an answer
10 again because, yes, there might be 27
11 deliverables, but this is one objective. And,
12 again, not to get into the weeds about how ODH
13 works and their grants, but there are also
14 process objectives under the program objectives.
15 There are 27 process objectives. There are
16 about 10 program objectives. So I don't think I
17 need to explain that.

18 Q. Returning to the Cuyahoga County
19 Opiate Task Force report --

20 A. Yes.

21 Q. -- from 2016 --

22 A. Yes.

23 Q. -- there's a section that says, "How
24 Did This Happen?"

25 A. Okay.

1 Q. It says, "There are several
2 contributing factors that led to this epidemic."

3 A. Um-hum.

4 Q. "Changes made to clinic pain
5 management guidelines during the 1990s."

6 A. Okay.

7 Q. "Marketing medications directly to
8 the consumer."

9 A. Um-hum.

10 Q. "Overprescribing of high potency
11 pain medication."

12 A. Um-hum.

13 Q. "HCAHPS/Press Ganey scores (patient
14 satisfaction surveys) that affected hospital
15 reimbursement."

16 A. Okay.

17 Q. "Abuse-deterrent formulations of
18 medications that may have inadvertently shifted
19 abuse towards heroin. Mass incarceration of
20 non-violent drug-related crimes. Lack of
21 treatment availability. Stigma; viewing
22 addiction as a moral failing."

23 A. Okay.

24 Q. Do you agree that these are causes
25 of the opioid epidemic?

1 A. Again, I agree that they could be
2 facets of the epidemic. I don't know if they're
3 all-inclusive or not. I didn't write it. I
4 didn't participate in authoring the report or
5 any information in it.

6 Q. This is a public-facing document of
7 the Cuyahoga County Opiate Task Force, right?

8 A. Before I was on it, yeah.

9 Q. Do you have any reason to believe
10 that this was incorrect?

11 A. I don't know. I didn't write it. I
12 wasn't part of writing it. I have no idea. I
13 didn't research it.

14 Q. Is there anything you would add to
15 the list?

16 A. Again, I'm not an expert. I don't
17 know.

18 Q. So you can't think of anything you
19 would add to this list?

20 MS. WILSON: Objection to form.

21 A. Again, there could be many other
22 facets. I'm not an expert. I don't know what
23 else could or could not be added. That would
24 take years and years of research.

25 Q. And in your capacity as co-chair of

1 the Cuyahoga County Opiate Task Force and the
2 program director for the Injury Prevention
3 program, you have not undertaken an effort to
4 understand the causes of the opioid epidemic?

5 MS. WILSON: Objection.

6 A. It's not my job to understand the
7 causes as to what got us here. It's my job to
8 know what to do now that we are here.

9 Q. And you have not undertaken that
10 effort?

11 A. No. It's not my role to do that.

12 Q. You said, "It is not my job to
13 understand the causes as to how -- as to what
14 got us here. It's my job to know what to do now
15 that we are here."

16 A. Correct.

17 Q. So what should be done now that we
18 are here?

19 A. Again, referring to my work plan
20 through the Ohio Department of Health, those are
21 deliverables that they have set forward that we
22 are to follow. If we had more funding, more
23 staff and more time, perhaps we could establish
24 other initiatives, but this is the bible for my
25 program, this is what I do, this is my role.

1 Q. So in addition to the deliverables
2 that you currently are working toward, what
3 other things do you think should or need to be
4 done?

5 A. Should or need to be done?

6 Q. What else -- you said it's your job
7 to know what to do now that we're here. In
8 addition to the deliverables, what else should
9 be done now that we're here?

10 MS. WILSON: Objection to form.

11 A. Again, not being an expert, as far
12 as what needs to be done -- you know, I'm not a
13 recovery expert, I'm not an addiction specialist
14 or a psychiatrist that works with addiction, or
15 a physician. I think that they would be more
16 well formed to answer specifically what could be
17 done. I can't speak to specific initiatives off
18 the top of my head that I think should be done.
19 I just feel like there is not enough being done.

20 Q. Sitting here today, you can't tell
21 me what else should be done?

22 A. No, not off the top of my head.

23 Q. Returning to Exhibit 2, I believe it
24 was, the organizational chart --

25 A. Yes.

1 Q. -- in your current capacity as
2 Injury Prevention program director, where on
3 this organizational chart is your position
4 located?

5 A. It's not.

6 Q. It's not?

7 A. Nope. That's why I said it's not up
8 to date.

9 Q. If this were updated, do you know
10 where your position likely would fall?

11 A. Probably under the "Injury
12 Prevention" square.

13 Q. Which is under?

14 A. "General Environmental Health."

15 Q. "General Environmental Health."

16 A. And, again, for the record, this is
17 not an updated organizational chart. I don't
18 even know if they have the "Injury Prevention"
19 box there under "Environmental" any longer.

20 Q. And in your capacity, you work on
21 the Injury Prevention grant, the PDAAG grant and
22 the CDC grants that you have mentioned, right?

23 A. I will not be working on the CDC
24 grant because a hundred percent of my time is
25 doing the Injury Prevention grant, so we have

1 other staff members that are working on the CDC
2 ACEs grant.

3 Q. Okay. Aside from those three
4 grants, does CCBH do anything else related to
5 prescription opioids?

6 A. Yeah. We talked about the Epi
7 Validation supplemental funding as well through
8 ODH.

9 Q. And that is the program that is run
10 by Chris Kippes?

11 A. Chris Kippes, correct.

12 Q. Are there any other CCBH programs
13 relating to opioids?

14 A. Not to my knowledge.

15 Q. Would you know if there were?

16 A. I should know.

17 Q. Why should you know?

18 A. I should be informed since that's my
19 role as the program manager for the Injury
20 Prevention grant.

21 Q. You should be informed of
22 opioid-related activities at CCBH?

23 A. Yes.

24 Q. Why is it important that you be
25 informed of opioid-related activities at CCBH?

1 A. I guess in case I'm asked about it
2 from the public.

3 Q. Does the public ask you about
4 opioid-related issues?

5 A. No. Not yet. Again, I'm new to the
6 role.

7 Q. Returning to the 2019 prescription
8 overdose prevention work plan --

9 A. Okay.

10 Q. -- your name is listed as the
11 contact name on this document, right?

12 A. Correct.

13 Q. Did you work on drafting this
14 document?

15 A. Yes.

16 Q. Did anyone else help you?

17 A. Vince Caraffi.

18 Q. Were you the principal author?

19 A. We both were. I'm just the contact
20 because I'm one hundred percent on the grant.

21 Q. But you, as the contact, reviewed
22 the document before it was submitted?

23 A. Correct.

24 Q. And you're comfortable with
25 everything that was in the document?

1 A. Yes.

2 Q. On page 4 and 5 it's the overdose
3 fatality review deliverable.

4 MS. WILSON: What Bates numbers?

5 MR. MASTERS: That's 13756847.

6 MS. WILSON: Thank you.

7 MR. MASTERS: And then also 848.

8 MS. WILSON: Okay.

9 Q. What is the overdose fatality
10 review?

11 A. Basically, my supervisor,
12 Mr. Caraffi, meets with the medical examiner and
13 they review data that he's recently analyzed
14 from drug overdoses in Cuyahoga County.

15 Q. Okay. And this indicates that the
16 OFR will meet on a quarterly basis?

17 A. If we would have gotten the grant,
18 then that was what was supposed to happen in
19 2019, yes.

20 Q. What does "Evaluation Measure" mean
21 at the top of that column?

22 A. That means how do you know that
23 you're successful.

24 Q. And one of the things that it
25 indicates is "Deidentified data entered into ODH

1 database."

2 A. That's something new to my knowledge
3 for 2019, and they didn't get into that yet as
4 far as a definition from ODH what that would
5 mean. That's a new initiative.

6 Q. So who wrote that part of this? Did
7 you write that part of this grant?

8 A. No. This was Mr. Caraffi. He does
9 the OFR.

10 Q. And the OFR, who is on the OFR?

11 A. You know what, to be honest with
12 you, I don't know all the members since he's the
13 key staff that does that -- he does those
14 activities.

15 Q. Do you participate in the OFR?

16 A. No, not currently.

17 Q. Moving up, previously -- or,
18 actually, hold on.

19 In your current set of deliverables
20 for 2018, do any of them deal with OARRS?

21 A. I believe so. I'd have to go back
22 and look, but I believe so.

23 Q. OARRS -- was OARRS included in the
24 set of proposed deliverables for 2019?

25 A. Let me see. I thought it was, but

1 I'm trying to find where it is in the
2 deliverables. To be honest with you, I don't
3 see it. It's usually with the MetroHealth
4 proper prescribing guidelines area, but I don't
5 see it in there.

6 Q. What is OARRS?

7 A. Again, forgive me but I can't
8 remember exactly what -- I think it's O-A-A-R-S
9 {sic}, but it's a database that I believe
10 physicians enter any opiate that they prescribe
11 and who it's prescribed to.

12 Q. And what is CCBH's deliverable with
13 respect to OARRS?

14 A. Again, to give you exact language,
15 I'd have to have the 2018 work plan in hand,
16 but, in general, it's working with MetroHealth
17 to encourage usage of OARRS so all the
18 physicians use OARRS.

19 Q. Do you know if OARRS usage is
20 required?

21 A. I believe it's required initially.
22 I don't know -- I don't know the legality behind
23 it or the verbiage behind what is required or
24 not required, to be honest with you.

25 Q. Why do you have a deliverable that

1 focuses on OARRS?

2 A. It's set forth by the State of Ohio.
3 I don't know.

4 Q. Did they indicate why you have an
5 OARRS deliverable?

6 A. No.

7 Q. Do you have a view as to why an
8 OARRS deliverable is important?

9 A. I mean, I would imagine it's to
10 ensure that doctors are properly entering that
11 data to track prescriptions given to
12 individuals.

13 Q. Why is that data important?

14 A. I don't know.

15 Q. Do you have a view about why it's
16 important for a doctor to use OARRS?

17 A. No. I'm not a doctor.

18 Q. But you do -- you do coordinate the
19 education and awareness with respect to OARRS,
20 correct?

21 MS. WILSON: Objection to form.

22 A. No. I coordinate encouraging usage
23 of OARRS.

24 Q. So you encourage doctors to use
25 OARRS but you don't have a view about why OARRS

1 is important?

2 A. We contract with MetroHealth to do
3 the education piece. I don't have a view as to
4 why OARRS is important.

5 Q. Have you read the complaint that was
6 filed in this lawsuit?

7 A. No.

8 Q. Do you know what this lawsuit is
9 about?

10 A. To be honest, not specifically.

11 Q. Do you know who the Defendants are
12 in this litigation?

13 A. No.

14 Q. Do you know what a pharmaceutical
15 manufacturer is?

16 A. A manufacturer who manufactures
17 pharmaceuticals. I mean, honestly, that's my
18 honest answer.

19 Q. Are you familiar with any particular
20 manufacturers of pharmaceuticals?

21 A. I mean, only -- well, I mean, I
22 guess main ones that you hear out there, like --
23 I mean, I can't name, like, main ones off topic.
24 I don't track manufacturers of drugs, to be
25 honest with you.

1 Q. So sitting here today, you don't
2 know -- you can't tell me the names of any
3 manufacturers?

4 A. No.

5 Q. What about, do you know what a
6 pharmaceutical distributor is?

7 A. No.

8 Q. Do you know anything about their
9 role in the supply chain?

10 A. No.

11 Q. Have you ever heard the name of a
12 pharmaceutical distributor?

13 A. If I don't know what they are, then
14 I don't know if I've heard their name or not.
15 I'm sorry. I'm being honest.

16 Q. Have you heard about this lawsuit?

17 A. I heard about it when I -- when I
18 was deposed to be part of it.

19 Q. So prior to having been asked for
20 your deposition, you had no knowledge about this
21 litigation?

22 A. I have to be honest. I can't
23 remember if it was before or after I was deposed
24 that I read the Cleveland.com article about the
25 attorney that was going to head it up in

1 Cleveland. I cannot remember if it was before
2 or after, and that's the only knowledge I had of
3 it.

4 Q. Who was that attorney?

5 A. I have a terrible memory with names.
6 I don't know.

7 MR. MASTERS: I have no further
8 questions.

9 MS. FEINSTEIN: Do you want to go
10 off the record for a second just so we can
11 switch?

12 THE VIDEOGRAPHER: Off the record,
13 3:54.

14 (Short recess had.)

15 THE VIDEOGRAPHER: On the record,
16 3:58.

17 EXAMINATION OF APRIL R. VINCE

18 BY MS. FEINSTEIN:

19 Q. Good afternoon, Ms. Vince.

20 A. Hi.

21 Q. My name is Wendy West Feinstein and
22 I'm with Morgan Lewis and I represent the Teva
23 Defendants, and we met briefly this morning
24 before going on the record.

25 A. Okay.

1 Q. I'm going to ask you a few
2 questions, and I'll do my best not to cover too
3 much of the same ground that my colleague
4 covered this morning, but I do have some
5 follow-up questions on some of those topics. So
6 I may skip around a little bit. It will be a
7 little bit disjointed, but I'll try to be
8 efficient.

9 A. Okay.

10 Q. As with the questioning this
11 morning, if at any point I ask you a question
12 you don't understand, please let me know and
13 I'll do my best to rephrase it. Okay?

14 A. Okay.

15 Q. And if you answer a question that
16 I've asked, I'll assume that you understood it
17 as I asked it. Fair enough?

18 A. Okay.

19 Q. And if you need a break at any time,
20 just let us know.

21 A. Okay.

22 Q. So right before we just took that
23 short break to switch seats here, my colleague
24 was asking you a little bit about the complaint
25 in this lawsuit. Do you recall that?

1 A. Um-hum.

2 Q. You'll need to answer verbally with
3 yeses or nos.

4 A. Yes.

5 Q. Thanks.

6 He asked you whether you knew who
7 the Defendants were and you answered that you
8 did not, right?

9 A. Correct.

10 Q. Do you know who the Plaintiff is or
11 who the Plaintiffs are in this litigation?

12 A. It's my understanding that it's
13 Cuyahoga County.

14 Q. Do you have any understanding of
15 what Cuyahoga County hopes to accomplish with
16 this lawsuit?

17 MS. WILSON: Objection to form.

18 A. I haven't personally -- I don't have
19 any knowledge as far as what they're hoping to
20 accomplish.

21 Q. Have you read anything about what
22 the goals of the lawsuit are in the local paper?

23 A. No.

24 Q. Do you have any understanding of
25 whether the county is seeking money,

1 compensation, through this lawsuit?

2 A. No.

3 Q. And earlier my colleague asked you
4 whether or not you could think of the names of
5 any pharmaceutical manufacturers off the top of
6 your head, and I believe you couldn't at that
7 point, right?

8 A. Correct.

9 Q. I'm going to ask you just some names
10 and ask whether you -- those names are familiar
11 to you or if you know who they are.

12 A. Okay.

13 Q. Have you ever heard of Teva
14 Pharmaceuticals USA?

15 A. No.

16 Q. Do you know what types of
17 pharmaceuticals Teva manufactures?

18 A. No.

19 Q. Have you ever heard of Cephalon?

20 A. No.

21 Q. Have you ever heard of Actavis?

22 A. No.

23 Q. Have you heard of Watson
24 Laboratories?

25 A. No.

1 Q. Have you heard of Allergan?

2 A. No.

3 Q. Have you heard of Insys?

4 A. No.

5 Q. Have you heard of Purdue?

6 A. Yes.

7 Q. What have you heard about Purdue?

8 A. Literally, the only thing I've heard
9 about Purdue is when people say "big pharma,"
10 then they follow up with Purdue in
11 conversations. This is like amongst -- just
12 overhearing. That's it.

13 Q. Do you know what types of products
14 Purdue manufactures?

15 A. No.

16 Q. Have you heard of Mallinckrodt?

17 A. No.

18 Q. And I may be forgetting one, but if
19 I think of it, I'll come back to it.

20 In the context of hearing about
21 Purdue in the context of big pharma, what are
22 those discussions around when you're talking
23 about big pharma? What is the context of those
24 discussions?

25 A. I guess literally if CNN is on at

1 home and they say "big pharma," I assume they're
2 talking about all pharmaceutical companies.
3 That's how I interpret it.

4 Q. And I just remembered the others
5 that I meant to ask you.

6 Have you heard of Janssen?

7 A. I don't think so.

8 Q. Have you heard of Johnson & Johnson?

9 A. Yes.

10 Q. In the context of pharmaceutical
11 manufacturing?

12 A. No. Mostly baby lotion.

13 Q. You mentioned in your testimony
14 earlier today that you were recently prescribed
15 an opioid, correct?

16 A. Um-hum.

17 Q. Do you know who manufactured that
18 opioid that you were prescribed?

19 A. No.

20 Q. Do you recall the name of the
21 opioid?

22 A. Again, I'm not positive. I think it
23 was oxycodone.

24 Q. Did you -- when you received the
25 oxycodone from the pharmacy, did it come with

1 any written information?

2 MS. WILSON: Objection.

3 A. I'm positive it did because all
4 prescriptions do; however, my husband was the
5 one that picked it up and he didn't give me the
6 whole bag. I just had the bottle.

7 Q. So you didn't see whether anything
8 was stapled to the bag with information?

9 A. Correct.

10 Q. Did you read any of the information
11 that came with your prescription from the
12 pharmacy?

13 A. No. I don't know what was done with
14 it.

15 Q. At any point in time have you ever
16 read any of the patient labeling information for
17 any opioid prescription medication?

18 A. The last time I believe I was
19 prescribed an opioid was for foot surgery on my
20 other foot, which was 13 years ago, so I don't
21 remember.

22 Q. As a part of your job with either
23 the opiate task force or the Injury Prevention
24 grant, has there ever been an occasion where you
25 read the prescribing information or the patient

1 information for any prescription opioids?

2 A. No. And, also, I just want to
3 backtrack in case -- since this is on the
4 record. I cannot remember if I was prescribed
5 an opiate for my two childbirths. I can't
6 remember that. I may have been.

7 Q. No problem. And you don't remember
8 anything about that prescription?

9 A. No.

10 Q. Or whether you read any information?

11 A. I don't even know if I was
12 prescribed, but I didn't want to misspeak just
13 in case.

14 Q. Do you have an understanding from
15 any source about whether opioids have addictive
16 properties?

17 A. I guess, again, with my limited
18 knowledge, one source recently. I heard an
19 addiction specialist speak at our opiate task
20 force. Again, I'm very sorry. I'm terrible
21 with names. He spoke at our task force meeting
22 about the science behind addiction.

23 Q. In the context of that discussion,
24 did the speaker address opioids specifically?

25 A. Yes.

1 Q. Did the speaker address prescription
2 opioids specifically?

3 A. I would have to go back to his
4 PowerPoint presentation. I can't remember if he
5 was specific to prescriptions or in general.

6 Q. Did you keep a copy of that
7 PowerPoint?

8 A. We have an electronic copy of it.

9 Q. Do you remember what the title of
10 that PowerPoint is?

11 A. I don't. My supervisor might know.
12 He had direct contact with obtaining that
13 PowerPoint.

14 Q. You believe, though, somewhere in
15 the electronic records of the Cuyahoga County
16 Board of Health there is an electronic copy of
17 that PowerPoint?

18 A. I believe that it was distributed
19 through our task force via e-mail because they
20 requested it.

21 Q. When you say "it was distributed
22 through our task force," do you mean the opiate
23 task force?

24 A. Correct.

25 Q. Do you recall when that presentation

1 was?

2 A. It wasn't at our October one, so it
3 had to be -- I believe it was our August
4 meeting.

5 Q. Do you recall a summit in
6 September -- a meeting called an opiate summit?

7 A. Yes.

8 Q. Was that something that was put on
9 by the opiate task force?

10 A. No. In fact, we didn't have any
11 involvement other than weighing in on the
12 planning of it. It was put on by the Cleveland
13 Clinic and the U.S. Attorney General's Office.

14 Q. Did you attend that?

15 A. Yes.

16 Q. The September 6th conference?

17 A. Yes.

18 Q. Did you receive any materials from
19 that conference?

20 A. Yes.

21 Q. What did you receive?

22 A. If there was a PowerPoint provided,
23 I would have the PowerPoint. There were
24 recovery houses that were there that had
25 information that they -- you know, you get a bag

1 at a conference. To be honest, I can't remember
2 everything to be specific, but, in general, it
3 was around the opioid crisis.

4 Q. Do you recall any of the presenters
5 specifically?

6 A. They had a lot of panels.
7 Specifically, I remember Dr. Papp presenting,
8 Dr. Gilson presenting. They had a plenary
9 speaker of Aaron Marks. He's in recovery.

10 Those are the names I can remember.
11 There are many more.

12 Q. Did anyone from the Cuyahoga County
13 Board of Health speak?

14 A. No.

15 Q. Did anyone who has a leadership role
16 in the Cuyahoga County Opiate Task Force speak?

17 A. No. We were initially asked to, and
18 then they rescinded their ask.

19 Q. Who reached out to the task force to
20 initially seek a speaker?

21 A. Sure.

22 So we also serve on the heroin task
23 force at the Attorney General's Office, and Mike
24 Tobin kind of leads that up. He reached out to
25 Vince Caraffi and myself.

1 Q. Was Mr. Tobin who rescinded the
2 invitation as well?

3 A. I don't know the details behind it.
4 I just was told we were no longer speaking.

5 Q. Who told you that someone was no
6 longer speaking from the task force?

7 A. So I sent over a summary that I had
8 put together for speaking, and I received a
9 phone call, I believe it was from Mike Tobin,
10 that said, "Oh, I'm sorry, I thought I let you
11 know, we've changed directions as far as
12 speakers, so thank you for being willing but we
13 won't need you."

14 Q. Was it you who was planning to
15 speak?

16 A. Yes.

17 Q. What was the subject matter of your
18 planned presentation?

19 A. It was based on work that had been
20 done by the task force and accomplishments that
21 had been made.

22 Q. Did you prepare a draft of a
23 PowerPoint for that presentation?

24 A. It was just a draft summary. It was
25 like three pages.

1 Q. Do you still have that?

2 A. Yeah. Somewhere I have it.

3 Q. From where did you get the
4 information that went into your three-page
5 summary?

6 A. From the medical examiner, so some
7 data from them. Mr. Caraffi provided a lot of
8 the data since I was new to the position. He
9 gave me some verbiage to use. And looking at
10 2017, again, death data.

11 Q. Do you recall the subject matter of
12 Dr. Papp's presentation at the September 6th
13 conference?

14 A. So it was -- it wasn't a
15 presentation. It was more of a panel. So they
16 had four individuals up there, and let's say the
17 topic was pain management or something. Then
18 she would speak about pain management, someone
19 else would speak about -- I don't think that was
20 even one of the topics. That's just for an
21 example. I don't remember specifically what she
22 spoke about.

23 Q. You mentioned that some of the
24 take-aways that you got from that September 6th
25 summit were PowerPoints. Do you recall the

1 subject matter of any of the PowerPoints that
2 you received during that conference?

3 A. Well, again, I'm trying to remember
4 if there were even PowerPoints. If there were,
5 they were probably provided. Most, again, of
6 those speakers were panel sessions.

7 I know that the CEO of the Cleveland
8 Clinic spoke and said thank you for all coming
9 together to address this topic, thank you for
10 your hard work, but I cannot remember the
11 specifics about each panel breakout session.

12 Q. Do you remember about how many
13 people were there in attendance?

14 A. The cap was 300.

15 Q. Do you know whether it sold out?

16 A. I believe it did.

17 Q. How many people from the Board of
18 Health, the Cuyahoga County Board of Health,
19 attended?

20 A. I know I attended, I saw our
21 commissioner there in the morning, and I'm not
22 sure who else was there.

23 Q. Did anyone else from the opiate task
24 force attend?

25 A. Probably, but I don't know.

1 Q. Did your co-chair of the opiate task
2 force attend?

3 A. She wasn't the co-chair yet, so I
4 don't know if she was at that conference yet.
5 She probably was, because she attends almost all
6 of them, but I don't -- I'm not positive.

7 Q. You mentioned that the addiction
8 specialist, whose name that you can't remember
9 as you sit here today, spoke either at the
10 August or the October task force meeting?

11 A. I believe it was August.

12 Q. How frequently does the task force
13 have meetings?

14 A. This year, they met every other
15 month.

16 Q. Are minutes kept of every meeting?

17 A. Yes.

18 Q. Where are those minutes kept?

19 A. They're housed on our hard drive at
20 the Board of Health.

21 Q. Who keeps the minutes?

22 A. Who is most readily available for
23 that meeting. It can be an administrative
24 assistant. It could be myself. It could be
25 Mr. Caraffi.

1 Q. Do you recall who had responsibility
2 for the minutes for the August meeting?

3 A. I remember I was stuck in traffic
4 and I had to let one of the administrative
5 assistants know, so I believe it was one of the
6 administrative assistants that kept minutes that
7 day.

8 Q. What are the names of the
9 administrative assistants that it may have been?

10 A. So someone who -- and, again,
11 forgive me. There's been a lot of movement with
12 this grant this year. There's a new staff
13 member that joined. And I don't know if she was
14 officially hired or if she was interested in the
15 position and she was attending because she was
16 interested in the position and gaining
17 information. It would either be Pam Ditlevson
18 -- I'm terrible with pronouncing her last
19 name -- or Marlene Skovenski.

20 Q. Any idea how to spell Pam's last
21 name?

22 A. D-i-t-l-e-v-s-o-n.

23 Q. Thank you.
24 And Marlene Skovenski?

25 A. S-k-o-v-e-n-s-k-i, I think.

1 Q. Thank you.

2 Are they both still with the Board
3 of Health?

4 A. Yes.

5 Q. Do you recall the title of that
6 PowerPoint on addiction?

7 A. No.

8 Q. Were there any other presentations
9 at that meeting?

10 A. I think there were two more.

11 Q. Were there PowerPoints for those
12 other presentations as well?

13 A. Yes.

14 Q. You mentioned that you thought maybe
15 Pam -- and I'm going to hack her last name.

16 A. We call her Pam D.

17 Q. Perfect. You mentioned that Pam D
18 may have attended that meeting so she could
19 learn about it because she was applying for the
20 position?

21 A. Um-hum.

22 Q. Before you applied for the position,
23 did you attend any task force meetings?

24 A. No.

25 Q. Before you applied for the position

1 that you currently have, did you review the --
2 either the Board of Health website with task
3 force information or the task force website
4 itself?

5 MS. WILSON: Objection to form.

6 A. To be honest with you, I can't
7 remember. I would hope that in preparation for
8 the interview that I did, but I can't remember
9 if I did or not.

10 Q. Did you talk with Ms. Leppla before
11 your interview so that you would be prepared for
12 the interview?

13 A. Briefly, but nothing in depth. I
14 just generally wanted to know the intensity of
15 the job, you know, kind of her main
16 responsibilities as far as with the public.

17 Q. Do you remember what she told you
18 about that?

19 A. Verbatim, no.

20 Q. Just generally?

21 A. I mean, I just -- in general, I
22 wanted to know -- I think I remember having a
23 conversation like is it really intense, you
24 know, what your responsibilities are, and she
25 didn't share exact responsibilities, no.

1 Q. What was your understanding going
2 into the job of what your -- what your
3 responsibilities would be like?

4 A. Not as in depth of the work plan.
5 To be honest with you, going into the position,
6 I knew that the opiate task force was a piece of
7 it, I knew that working with ODH was a piece of
8 it. I did not understand to what detail we were
9 directed by ODH to meet these certain
10 deliverables.

11 Q. Had you been a program manager
12 previously?

13 A. For a short period of time I was a
14 program manager with the Breast and Cervical
15 Cancer project, yes.

16 Q. Did it have similar -- strike that.
17 Was that project also funded by a
18 grant?

19 A. Correct. Ohio Department of Health.

20 Q. Did that project funded by the grant
21 from the Ohio Department -- the Ohio Department
22 of Health also have deliverables that you needed
23 to meet?

24 A. It was structured much differently.
25 We had numbers we had to meet as far as women

1 served, but that was about it.

2 Q. Have you worked on any other
3 programs where you were responsible for
4 deliverables for a specific grant?

5 A. Dental Options. The same thing. It
6 was structured much differently. It was mostly
7 clients served.

8 Q. So reporting the numbers of clients
9 served?

10 A. Correct.

11 Q. How is this different? How are the
12 deliverables here, with the Injury Prevention
13 grant, different than those grants?

14 MS. WILSON: Objection to form.

15 A. Specifically with BCCP and Dental
16 Options, the Breast and Cervical Cancer project
17 and Dental Options, it's more service driven,
18 direct client services-based, so Breast and
19 Cervical Cancer project delivering services to
20 women who are uninsured or underinsured; Dental
21 Options, the same thing, and reporting those
22 numbers back as far as how many clients you
23 reached or served. This is different in that
24 these are more activities-based.

25 Q. When you say "activities-based," can

1 you explain to me a little bit -- what you mean
2 by that?

3 A. Sure.

4 By activities I'm referring to the
5 objectives within the work plan.

6 Q. Is one of the activities, then,
7 running the opiate task force?

8 A. Correct, one of.

9 Q. What are some of the other
10 activities that are a part of the Injury
11 Prevention grant that you are the program
12 manager for?

13 A. Well, they're listed in, I think,
14 Exhibit 6. We kind of talked about them earlier
15 today. I could go through them one by one if
16 you would like me to.

17 Q. Let's talk about which activities
18 relate specifically to opioid abuse or opioid
19 use disorders. Are there any other activities
20 besides the opioid task force that relate to
21 that?

22 A. All of them.

23 Q. Okay. So every one of the
24 activities that -- let me just back up.

25 Exhibit 6 relates to the proposal

1 for the grant that was not received, right?

2 A. Correct.

3 Q. So the deliverables for the grant
4 that is expiring are slightly different than
5 Exhibit 6, correct?

6 A. Yes.

7 Q. But all of the deliverables for the
8 grant that you're currently operating under,
9 they all relate to opioid misuse?

10 MS. WILSON: Objection to form.

11 A. They encompass prescription drug and
12 illicit.

13 Q. Okay. So any type of prescription
14 drug or illicit drug abuse; is that correct?

15 A. Yeah.

16 Q. Are there any of the deliverables
17 that you can think of -- and feel free to refer
18 to Exhibit 6, but if you know of any off the top
19 of your head, any deliverables that focus on
20 other types of substances besides opioids, where
21 they have a specific -- like the opiate task
22 force is opioids. Is there a specific
23 deliverable with respect to some other drug?

24 MS. WILSON: Objection to form.

25 A. Again, it's the Injury

1 Prevention/Drug Overdose grant for 2019.
2 Previously it was prescription drug overdose.
3 But again, they still had us report on all
4 drugs.

5 Q. And I think you alluded to this or
6 talked about it earlier, that in your role you
7 don't differentiate between prescription and
8 illicit drugs when you report to the state; is
9 that right?

10 A. Correct.

11 Q. I'm going to mark an exhibit that I
12 think will have an updated org chart in it.
13 This will be Exhibit 9.

14 A. I'd like to see it. I haven't seen
15 one in a while.

16 - - - - -

17 (Thereupon, Vince Deposition Exhibit
18 9, Cuyahoga County Board of Health
19 2017 Organizational Chart, Beginning
20 Bates Number CUYAH_002503210 -
21 Marked "Confidential," was marked
22 for purposes of identification.)

23 - - - - -

24 Q. Ms. Vince, if you could please take
25 a look at what I've marked as Exhibit 9 for

1 identification purposes. It is a packet that
2 was produced by Cuyahoga County and had Bates
3 numbers, and let's see what page I marked first,
4 Bates numbers 002503210 through 3189 --

5 A. Okay.

6 Q. -- if I read that correctly. Sorry.
7 My eyes are horrible. And I'd like to direct
8 your attention, please, to -- and the Bates
9 numbers that I'm referring to are kind of on the
10 right-hand side, depending where your staple is.
11 Those we call Bates numbers. So you'll see on
12 Bates page ending 194 is an organizational
13 chart, I believe, for 2017.

14 A. Okay.

15 Q. Do you see that?

16 A. Yes.

17 Q. And this is an organizational chart
18 for the Cuyahoga County Board of Health
19 Environmental Public Health Services for 2017,
20 correct?

21 A. Okay.

22 Q. Does that name ring a bell to you?

23 A. That's the service area that I work
24 in right now.

25 Q. Have you seen the 2017

1 organizational chart before?

2 A. No.

3 Q. Directing your attention further
4 down the page, so it's kind of a little bit of a
5 sprawling chart -- and I'm sorry. For whatever
6 reason I can't read today. But there is --
7 immediately to the left of the box with the date
8 in it, with 2017, so to the right of that,
9 there's a box at the top that says "Director."

10 A. Um-hum.

11 Q. Do you see that?

12 A. Um-hum.

13 Q. That box, there is a line that goes
14 straight down and branches out to the left and
15 to the right, correct?

16 A. Yes.

17 Q. The branch that goes to the left has
18 a Deputy Director Sobolewski?

19 A. Sobolewski.

20 Q. Do you know who that is?

21 A. Yes.

22 Q. Who is that?

23 A. He's our deputy director for
24 environmental health. I don't know if this is,
25 again, up to date. I think things have changed.

1 I think these two guys have flip-flopped, but I
2 can't be sure.

3 Q. Okay. So at least -- for purposes
4 of this chart, I just want to walk you through.

5 A. Okay.

6 Q. And then we'll go to the 2018 chart.
7 So underneath the deputy director
8 there are -- Deputy Director Sobolewski, there
9 are three boxes, three reports to him, correct?

10 A. That's what it appears to be,
11 correct.

12 Q. The farthest right of the reports to
13 Director Sobolewski is Supervisor Caraffi?

14 A. Correct.

15 Q. Is that -- do you know whether that
16 is Vince Caraffi, your supervisor?

17 A. Yes, it is.

18 Q. And underneath Mr. Caraffi's name,
19 can you please read for the record what it says?

20 A. "Injury Prevention Lead and
21 General."

22 Q. Is that -- do you have an
23 understanding of whether that group is the group
24 that Mr. Caraffi supervised in 2017?

25 A. I have no idea.

1 Q. Underneath Mr. Caraffi there are
2 several boxes. The first line has three boxes,
3 and the furthest right of the three boxes
4 underneath Mr. Caraffi's name is a box that says
5 "Grant Prog MG" and has "Leppla" underneath.

6 A. Um-hum.

7 Q. Do you see that?

8 A. Yes.

9 Q. Do you understand that to be
10 Ms. Leppla?

11 A. Correct.

12 Q. And in 2017 did she report directly
13 to Mr. Caraffi?

14 A. I believe so.

15 Q. Now, if you could flip the page
16 to -- of course the staple is right on the Bates
17 number for me -- page 195, it ends in 195 --
18 this is the -- appears to be the organizational
19 chart for 2018 for the same group; is that
20 right?

21 A. Yes.

22 Q. If you could take a moment to take a
23 look at this page. Have you seen this org chart
24 before?

25 A. No.

1 Q. Looking at the org chart today, does
2 this appear to be accurate, at least with
3 respect to your group?

4 A. No.

5 Q. What is inaccurate about it?

6 A. And, again, I might be wrong because
7 nobody tells me exactly what's going on as far
8 as the org chart goes, but under Caraffi, where
9 it says "PHN program manager Schoch," I'm almost
10 positive she does not report to him. She
11 reports to -- well, not necessarily reports to,
12 but I'm trying to find her name. It would be
13 Stephanie McConaughy, but I don't see her name
14 on here.

15 Q. Is that name just to the left of
16 Ms. Schoch?

17 A. Oh, yes. So they both work on the
18 lead program. They do not report to Vince
19 Caraffi. They report to John Sobolewski. And,
20 again, I know that my deputy director is Wallace
21 Chambers, which is on the right. That's why I'm
22 confused.

23 Q. Okay. So this chart that we're
24 looking at in Exhibit 9 on page Cuyahoga
25 002503195 does not -- at least as far as you

1 understand the organizational structure, doesn't
2 accurately reflect the organizational structure?

3 A. Correct. Not the way that I've been
4 operating since I've been working in there in
5 January.

6 Q. Okay. When you started in January,
7 did you receive an organizational chart of your
8 group?

9 A. No.

10 Q. Have you at any point in time since
11 working with the Cuyahoga County Board of Health
12 reviewed an organizational chart?

13 A. The last time that a public
14 organizational chart was given to the staff I
15 want to say was 2014, '15. Not positive. I
16 just remember -- I remember reviewing it with
17 everyone else in our lunchroom.

18 Q. At that time where did you work at
19 the Cuyahoga County Board of Health?

20 A. In prevention and wellness.

21 Q. Was that still within this
22 environmental public health services group?

23 A. No.

24 Q. That was a separate arm?

25 A. Correct.

1 Q. Looking at this organizational
2 chart, if you can, and if you can't, to respond
3 to my questions, feel free just to tell me based
4 on what you know.

5 A. Okay.

6 Q. But what I was hoping we could do is
7 just understand how the grant flows.

8 A. Um-hum.

9 Q. So the Injury Prevention grant that
10 you are the program manager for, is that all
11 within this environmental and public health
12 services group --

13 MS. WILSON: Objection to form.

14 Q. -- as far as you know?

15 A. It's housed in the environmental
16 public health service -- service area.

17 Q. Okay. Are there any other service
18 areas of the Cuyahoga County Board of Health
19 that are funded by the Injury Prevention grant?

20 A. No.

21 Q. The EpiCenter grant that you
22 referred to earlier, does that also come from
23 the Ohio Department of Health?

24 A. Correct. It's a supplemental
25 funding to our core Injury Prevention funding.

1 Q. So it's supplemental to the Injury
2 Prevention?

3 A. Correct.

4 Q. But also from the Ohio Department of
5 Health?

6 A. Correct.

7 Q. Is that also then housed within
8 environmental and public health services?

9 MS. WILSON: Objection to form.

10 A. The money is being allocated to our
11 epidemiology department. They are doing the
12 work behind it.

13 Q. So do you and Mr. Caraffi make that
14 allocation or does that come directly from the
15 state?

16 A. It comes from the state.

17 Q. But it is supplemental to the Injury
18 Prevention grant?

19 A. Correct.

20 Q. You mentioned earlier the ACEs
21 program. Is that a program?

22 A. It's a new project that started
23 December 1.

24 Q. That just started this December 1?

25 A. Correct.

1 Q. Is that funded also by the
2 Department of Health?

3 A. No.

4 Q. What is that funded by?

5 A. That is funded through the CDC,
6 which flows through to the National Network of
7 Public Health Institutes, which flows to
8 Michigan Public Health Institute, which then
9 flows to us.

10 Q. In the environmental and public
11 health services group of CCBH?

12 A. Yes.

13 Q. For your Injury Prevention program,
14 does that program receive funding from any other
15 source besides the State of Ohio?

16 A. Other than in kind that we get
17 through volunteers that come to the task force
18 for speaking and we can't pay them, no.

19 Q. At any point in time since you
20 started your position in January, have you
21 sought out funding from any county sources to
22 fund the programs related to substance abuse?

23 A. Since I've been on board in 2018, we
24 have not.

25 Q. Are you aware of at any point in

1 time whether the Injury Prevention program has
2 sought county funding to assist with any
3 programming related to opioid abuse?

4 MS. WILSON: Objection to form.

5 A. Since I wasn't involved then, I have
6 no idea. I don't even know if any was available
7 to apply for.

8 Q. Have you seen anything, in getting
9 up to speed or in any of your work kind of
10 preparing the proposal for the grant request to
11 the state -- did you see anything where it
12 appeared that the CCBH sought funding from the
13 county for opiate work?

14 MS. WILSON: Objection to form.

15 A. Again, this year I haven't seen
16 anything. I can't speak to years prior.

17 Q. Do you have any plans on a
18 prospective basis, because the crisis grant will
19 expire in December -- do you have any plans on a
20 prospective basis to seek funding from any
21 county source to fund the opiate work?

22 A. I don't know if they even have money
23 to fund it, so it doesn't do us any justice to
24 seek it out if they -- you know, they have to
25 RFP that out. They have to put an RFQ or RFP.

1 We try to keep our eyes out for something like
2 that. Our commissioner is definitely on task
3 with making sure if there is any funding, he
4 would let us know about it. But specifically
5 for this Injury Prevention grant, there's
6 another pot of money coming out in March that we
7 will apply for. That's from the state.

8 Q. From the state?

9 A. Yeah.

10 Q. Are you aware of any potential
11 county sources of funding for the work that
12 you're doing either with the Injury Prevention
13 program related to opioid work or the task force
14 specifically?

15 MS. WILSON: Objection to form.

16 A. Currently I'm not aware of any.
17 There may be some that I'm not aware of, but I'm
18 not aware of any.

19 Q. Earlier my colleague asked you about
20 one of the deliverables, I believe, was the
21 Prescription Education program with MetroHealth,
22 right?

23 A. Um-hum.

24 Q. You mentioned, I think -- please
25 correct me if I'm misstating anything, but I

1 think you mentioned that there were prescription
2 kind of recommendations or guidelines that came
3 from the CDC.

4 A. Um-hum.

5 Q. Is that right? Yes?

6 A. Yes.

7 Q. Did those -- strike that.

8 Do those guidelines from the CDC
9 relate specifically to prescribing opioids?

10 A. Again, I do rely on MetroHealth to
11 be the experts at that and they set the
12 curriculum. I personally haven't reviewed the
13 exact prescribing guidelines that CDC has set,
14 so I don't know.

15 Q. Who is the -- kind of the point
16 person or your contact at MetroHealth for that
17 prescribing program?

18 A. That would be Emily Metz and
19 Dr. Papp.

20 Q. Do you know whether they have any
21 printed materials that include those prescribing
22 guidelines?

23 A. I'm not sure if they do or not.
24 When they do the training, they have some kind
25 of PowerPoint. It might be in there.

1 Q. Do you know whether anyone at the
2 Cuyahoga County Board of Health has a copy of
3 that, of any of their training materials?

4 A. I don't know. I can imagine it's
5 probably somewhere, but I don't know where that
6 would be.

7 Q. Is it part of your reporting to the
8 state for the satisfaction of the
9 deliverables --

10 A. Yes.

11 Q. Do you review the training that's
12 performed by MetroHealth?

13 A. I haven't personally reviewed it.
14 It was something that was set forth prior to me
15 being there, so I don't know if they reviewed it
16 or not. I went to one training and watched the
17 training, but I wasn't tasked with reviewing
18 the -- what do you want to call it -- the
19 materials that were utilized or information
20 being given.

21 Q. From attending that training do you
22 remember just generally what the subject matter
23 was?

24 A. I know that they require all of
25 their physicians to attend a proper prescribing

1 town hall. I remember them handing out
2 PowerPoints to them. I do not remember
3 specifics as far as what was said to the
4 physicians. It wasn't all physicians. It was
5 some nurse practitioners as well.

6 Q. So individuals who can write
7 prescriptions in the State of Ohio attended?

8 A. Yes.

9 Q. Do you know whether the attendees
10 were all MetroHealth employees?

11 A. I believe so.

12 Q. Do you know whether that -- strike
13 that.

14 As a part of the deliverable for the
15 Injury Prevention grant, does that prescribing
16 program need to reach all physicians in Cuyahoga
17 County?

18 A. I'm sorry. Could you say that
19 again?

20 Q. So the program is contracted out to
21 MetroHealth, the prescribing program?

22 A. Correct.

23 Q. And you attended a program that you
24 believe was attended by MetroHealth people?

25 A. Correct.

1 Q. Do you know whether -- as a part of
2 the deliverable to the State of Ohio, whether
3 part of that prescribing program is to reach out
4 to prescribers in general in Cuyahoga County,
5 not just at MetroHealth?

6 MS. WILSON: Objection to form.

7 A. To be honest with you, just being in
8 it this year, I know that Metro was our partner.
9 Again, that wasn't set forth by me. It was in
10 place before I got there. So I don't know if
11 there was any conversations ever if they wanted
12 it to reach beyond Metro. I don't know.

13 Q. What is your understanding of what
14 the deliverable is for that portion of the
15 Injury Prevention grant?

16 A. Education and training to physicians
17 through MetroHealth on proper prescribing
18 guidelines.

19 Q. So you don't have any understanding,
20 as you sit here today, whether MetroHealth
21 should -- should reach out to prescribers at the
22 Cleveland Clinic or prescribers at University
23 Hospitals or just private practitioners?

24 A. No. No. I don't know.

25 Q. Would Ms. Metz or Dr. Papp be the

1 right person to ask that information?

2 A. Yes.

3 Q. Did either of them prepare any
4 written materials for you as a part of your --
5 the document that you're drafting to report on
6 the deliverables to the state?

7 A. No. The only thing we report back
8 to the state is number of training and dates of
9 the trainings.

10 Q. So the substance and attendees is
11 not a part of your report?

12 A. They haven't requested it from me
13 this year. They may have requested it in the
14 past and already have it on file. I don't know.

15 Q. Do you know whether, as a part of
16 the Injury Prevention grant, there is an
17 expectation or a requirement that materials used
18 to fulfill the deliverables be maintained for
19 any certain period of time?

20 A. I don't know. I'm sure there are,
21 but I don't know what they are.

22 Q. I believe earlier during your
23 testimony my colleague asked you a bit about the
24 mini-grants.

25 A. Yes.

1 Q. How many mini-grants did -- did you
2 or the Cuyahoga County Board of Health award?

3 A. Four.

4 Q. What were they for?

5 A. I have to think. Two of the awards
6 were for Duterra drug disposal pouches that they
7 would like to distribute. One of the awards was
8 for a sticker awareness program in regard to
9 overdose. And the fourth one was to a medical
10 center about a tool kit that they had called
11 Pause, P-a-u-s-e, in regard to prescribing
12 prescription opiates.

13 Q. Starting first with -- we talked a
14 bit about the disposable pouches. Do you recall
15 what entities received those two mini-grants on
16 the disposable pouches?

17 A. I don't remember who received what.
18 I'd have to look just because I don't want to
19 misspeak.

20 Q. Sure.

21 You have records of that, though?

22 A. Yes.

23 Q. So if we needed to know the names of
24 the entities that received those two mini-grants
25 on the pouches, we could get that from the

1 county?

2 A. Absolutely.

3 Q. The stickers, do you recall who was
4 awarded that project?

5 A. I could take a guess because I'm
6 almost 90 percent positive I know, but I don't
7 want to misspeak.

8 Q. Well, why don't you tell me what you
9 recall, with the proviso that you don't have any
10 records in front of you and this is just your
11 best recollection.

12 A. Okay. I believe it was Coshocton
13 Health.

14 Q. What is your understanding of what
15 those stickers were for?

16 A. So they worked with pharmacies and
17 requested for a sticker to be placed on any
18 prescription opiate that was given to an
19 individual to make them aware of possible
20 addiction to that drug.

21 Q. Did you receive, as a part of their
22 mini-grant application, a sample of the sticker
23 that they were proposing that they would put on
24 that?

25 A. No. We request the final outcomes

1 to be presented at the OIPP meeting in the
2 following year. So that's where they would
3 present their findings and how many people they
4 reached, how many stickers, et cetera.

5 Q. Do you know from where the
6 information on the stickers would come?

7 A. I do not know, no.

8 Q. Who selected -- who made the
9 decision to select that sticker program as one
10 of the mini-grant recipients?

11 A. Sure.

12 So we have an RFP that goes out to
13 all of the OIPP members across the State of
14 Ohio. Anyone who is interested responds with
15 notice of intent to apply to myself. Then we
16 have a deadline as far as when they could submit
17 their application to CCBH. Once it's accepted,
18 we have a panel of individuals who score the
19 application, and then they're awarded based on
20 the score but also ODH recommendation.

21 Q. So these are ODH mini-grants, not
22 from CCBH?

23 A. Correct.

24 Q. And you don't know what the -- other
25 than kind of a general warning about addiction,

1 you don't know what the content of the stickers
2 was?

3 A. Correct.

4 Q. Do you know whether it was going
5 directly on -- strike that.

6 Do you know where the sticker was
7 going to be placed?

8 A. I do not. They just stated it was
9 going to go home with the person receiving it.

10 Q. So you don't know if it goes on the
11 bag or actually on the bottle if it's a pill?

12 A. Correct. I don't know.

13 Q. The fourth mini-grant was the Pause
14 program. What's your understanding of that?

15 A. My understanding of that, as they
16 described it in the application, is that it's a
17 tool kit that literally makes the physician
18 pause before writing the prescription. They
19 weren't required to give us the exact
20 curriculum. We just had to know kind of in
21 general what they were planning on doing.

22 Q. Do you know what entity received
23 that?

24 A. I believe it was the physicians at
25 Kettering Medical Center.

1 Q. Does the Ohio Board of Health --
2 strike that.

3 These applications came in to you,
4 correct?

5 A. Yes.

6 Q. Did you maintain copies of them at
7 your office at Cuyahoga County Board of Health?

8 A. Yes. I have them electronically.

9 Q. And do you still have them?

10 A. Um-hum.

11 Q. Do you know whether those
12 applications were gathered as a part of the
13 discovery process in this litigation?

14 A. I don't know. I know that we gave
15 everyone full rein of all of our documents and
16 they gathered what they needed to gather, so I
17 don't know.

18 Q. How about hard copy materials that
19 you have, whether it be hard copies of any
20 applications or PowerPoints that you received at
21 seminars; were those collected as a part of the
22 document collection process, if you know?

23 A. Anything that was scanned and
24 uploaded that we had, I don't know, again, if
25 they collected it or not. I know that they were

1 able to scan my entire hard drive as well as my
2 supervisor's and many other individuals.

3 Q. Do you keep hard copies of anything
4 that isn't scanned and uploaded like in a drawer
5 or a file or anything?

6 A. No.

7 Q. So anything that you receive even at
8 a conference, you scan it and upload it?

9 A. Well, not if it's an agenda or
10 something like that, no.

11 Q. But a PowerPoint of substantive
12 information you would scan and upload?

13 A. I have not scanned and uploaded
14 every PowerPoint that I have received, no.

15 Q. What do you do with those?

16 A. Probably keep a file at my desk if I
17 deemed fit to need reference to it later.

18 Q. So in your role now, in the Injury
19 Prevention role and as co-chair of the task
20 force, have you maintained hard copies of any
21 PowerPoints or any other written materials
22 you've received at any meetings or conferences?

23 MS. WILSON: Objection to form.

24 A. Not that I can think of. I could go
25 back to my desk and look, but not that I can

1 think of.

2 Q. I'm thinking like, for example, the
3 September 6th conference. If you received hard
4 copies of any presentations that were made at
5 that opioid summit, do you -- would you keep
6 copies of that for purposes of doing your job?

7 A. Anything that was given at that
8 summit would have been sent to us
9 electronically, and I would have kept it that
10 way, from Mike Tobin.

11 Q. When did you start attending opiate
12 task force meetings?

13 A. I attended one in November, and,
14 again, there were things that were happening at
15 the Board of Health where I wasn't being -- I
16 wasn't able to step into my position officially
17 until January. It was tentative in November;
18 therefore, I attended a meeting.

19 Q. Have you attended every meeting
20 since then?

21 A. Yes.

22 Q. Who comes up with the agenda for
23 each task force meeting?

24 A. Up until me stepping into the role,
25 I'm not sure who was -- who was setting the

1 agenda. I know my supervisor had a strong hand
2 in it. Now it's myself and Beth from the ADAMHS
3 Board.

4 Q. At what point did the -- did the
5 ADAMHS Board become involved in -- and I forget
6 how you described it earlier, something about
7 housing the program.

8 A. Sure.

9 Q. So when did the ADAMHS Board become
10 involved in the opiate task force?

11 A. They've been a member of the opiate
12 task force as long as I've been with the
13 project. But it was this last year -- I believe
14 it was last year -- it was passed through Ohio
15 Revised Code -- and I can't tell you exactly the
16 number of it -- that all ADAMHS Boards in Ohio
17 had to house any opioid or opiate task force.
18 That hadn't happened since I was on board. And
19 with Mr. Caraffi stepping down as chair, it was
20 time to pull them in and say, hey, you know,
21 this is Ohio Revised Code, and they stepped
22 forward, we had a meeting with them as far as
23 logistically how that was going to work out. So
24 I think Beth and I started co-chairing in
25 October.

1 Q. October?

2 A. Of 2018.

3 Q. Just this October?

4 A. Yes.

5 Q. Okay. And Mr. Caraffi stepped down
6 around that same time?

7 A. Yes.

8 Q. And I believe you testified earlier
9 that you don't know why he stepped down?

10 A. Correct.

11 Q. He didn't talk to you at all about
12 it?

13 A. He said he needed to take a break.

14 Q. For how long had he served as the
15 chair of the opiate task force?

16 A. I don't know, to be honest. To
17 reference one of the materials we spoke about
18 earlier, it said it was established in 2010. I
19 don't know if that's when he started or not.

20 Q. Do you know for how long he has been
21 with the CCBH?

22 A. I believe 28 years.

23 Q. So he's been longer than you?

24 A. Yes.

25 Q. Is he -- is he changing his role at

1 CCBH?

2 A. Not that I'm aware of.

3 Q. And he remains your supervisor?

4 A. Correct.

5 Q. Does anyone report to you directly?

6 A. No.

7 Q. Do you have any assistance in
8 implementing the deliverables for purposes of
9 the Injury Prevention grant?

10 A. Just through our sub-grantees.

11 Q. How many sub-grantees are there?

12 A. Four.

13 Q. MetroHealth is one?

14 A. Correct.

15 Q. Who are the other three?

16 A. Recovery Resources.

17 Q. What do they do?

18 A. They assist with directing policies
19 that may be implemented on college campuses.

20 Q. Any others?

21 A. Medina County Health Department and
22 Lorain County Health Department.

23 Q. What do they do?

24 A. The Medina -- and, again, this was
25 set before I stepped into the role, so I

1 followed what they had already written. Medina
2 County Health Department, the money was given to
3 them to help them establish their task force in
4 their county; and then Lorain Health Department,
5 money was given to them to start a task force
6 and also to direct a drug overdose awareness.

7 Q. The money that was given to them was
8 money out of the allocation -- strike that.

9 The money that was given to Medina
10 and Lorain Counties' departments of health came
11 out of the Cuyahoga County Board of Health grant
12 from the State of Ohio?

13 A. Correct.

14 Q. What was the -- what is the
15 deliverable that is serviced by those two
16 allocations?

17 A. Again, I'm not positive. I didn't
18 write it. I really don't know. I stepped into
19 the role and just assured that they accomplished
20 what I was told they were supposed to
21 accomplish.

22 Q. What were you told they were
23 supposed to accomplish?

24 A. That Medina County Health Department
25 was to establish a task force and report back to

1 us any activities that they accomplished, and
2 then Lorain County Health Department, the same
3 thing, along with their drug awareness campaign.

4 Q. They report to you?

5 A. They report it back to me and I
6 report it to the state, correct.

7 Q. As a part of preparing your report
8 to the state that's in process, what -- what
9 have they reported to you, both Medina and
10 Lorain County?

11 MS. WILSON: Objection to form.
12 Go ahead.

13 A. I've met with both of them
14 separately stepping into my role, so I had a
15 good idea as far as what to expect from them.

16 Medina County Health Department,
17 they report things to me as far as when they're
18 meeting. I don't ask for their minutes because
19 ODH doesn't ask for their minutes either.
20 Activities that they've done within the quarter.
21 Successes, barriers that they've had within the
22 quarter.

23 And then the same with Lorain. They
24 send me information that they might distribute
25 through different entities, like gas stations.

1 They have the drug awareness campaign, so
2 they'll distribute flyers about drug overdose
3 prevention at the gas station. Things of that
4 nature.

5 Q. It sounded to me from your
6 description like it's drug overdose in general.
7 Is there a specific opioid focus of either of
8 those two as far as you know?

9 A. Well, for Medina, it's their opiate
10 task force is their title. And Lorain, their
11 focus is drug overdose in general.

12 Q. Prior to receiving those, kind of,
13 sub-grants or -- I'm sorry if I am
14 mischaracterizing, but prior to receiving the
15 funds from Cuyahoga County, did either Medina or
16 Lorain have an opiate task force?

17 A. I don't know, to be honest. It was
18 before I was with the program. I'm not sure.

19 Q. Is one of the deliverables or one of
20 the parts of your job ensuring that the
21 public-facing information available from the
22 Cuyahoga County Board of Health and the opiate
23 task force, making sure that it's up to date and
24 accurate?

25 A. I'm sorry. Could you repeat that?

1 Q. Sure. Sure. I know it's getting
2 late.

3 As a part of your responsibilities
4 as the program manager, is one of your
5 responsibilities ensuring that publicly
6 available information from the Cuyahoga County
7 Board of Health or the opiate task force on the
8 work that your program is doing -- is part of
9 your role ensuring that that information is
10 accurate --

11 MS. WILSON: Objection to form.

12 Q. -- that is provided to the public?

13 A. My role, again, is to make sure that
14 these deliverables are met. I take it upon
15 myself to review the information and try to
16 update it as often as I can.

17 Q. Is one of the deliverables -- strike
18 that.

19 Is education one of the deliverables
20 generally?

21 A. It's not specifically one of the
22 deliverables.

23 Q. Is maintaining the website
24 information?

25 A. No.

1 Q. So that's just something that
2 Cuyahoga County has done --

3 A. Correct.

4 Q. -- as a service?

5 A. Correct.

6 Q. When did you first learn of the
7 lawsuit brought by Cuyahoga County? Excuse me.

8 A. Again, I first learned about the
9 lawsuit -- and I apologized earlier. I cannot
10 remember if I read the Cleveland.com before or
11 after I was deposed. I can't remember.

12 Q. Okay. Before you received notice of
13 your deposition?

14 A. Correct.

15 Q. This is your first deposition?

16 A. Okay. Yes. Correct.

17 Q. Okay. Earlier my colleague was
18 asking you a little bit about the reference to
19 the multiple factors that kind of brought us to
20 where we are today with the opioid epidemic.

21 Do you recall that?

22 A. Yes.

23 Q. Do you know -- strike that.

24 As a part of your job, did you
25 develop an understanding of when the opioid

1 issue became a critical issue within Cuyahoga
2 County?

3 MS. WILSON: Objection to form.

4 A. As a part of my job, it was my job
5 to review data from the medical examiner, but
6 not to understand when the epidemic started.

7 Q. Do you have any understanding just
8 personally of when it started?

9 A. Not really.

10 Q. Was it five years ago?

11 A. Again, if I was to look at the
12 medical examiner's data and it reflected
13 anything as far as overdose dates, 2015, '16
14 there was a large spike in overdose deaths.
15 That's the most -- that's the thing that -- the
16 only thing I have that's concrete.

17 Q. So you would tie the epidemic to the
18 number of overdose deaths?

19 A. At least for Cuyahoga County, yes.

20 Q. Okay. Not the formation of the task
21 force or anything like that?

22 A. Again, that was before I worked with
23 it at all, so I can't speak to that.

24 Q. How about just as a member of the
25 community, though? Did you have any

1 understanding, as a member of Cuyahoga County
2 community and working at CCBH, in other arms I
3 understand, but did you have any just general
4 understanding of opioid misuse being a problem
5 in Cuyahoga County?

6 A. No.

7 Q. You mentioned earlier that people
8 often ask about what caused this, how did we end
9 up here. What do you tell them when they ask
10 you that question?

11 A. I say, "I don't have that answer."

12 Q. Do you point them to any source?

13 A. No.

14 Q. You just say, "I don't have that
15 answer"?

16 A. I said, "There's no specific answer
17 to that question."

18 Q. Are people satisfied with that
19 response?

20 A. Nobody is.

21 Q. What do they follow up with?

22 A. They really don't have anything to
23 say to that. Again, from the task force
24 standpoint and from our grant standpoint, the
25 only thing we can do is say it is a problem now

1 and now what can we do to help mitigate this
2 problem.

3 MS. WILSON: We've been going about
4 an hour I think. I didn't know if -- I mean,
5 are you okay or do you need a break?

6 THE WITNESS: What time is it?

7 MS. FEINSTEIN: It's like three
8 minutes to 5. We can take a short break now, if
9 you want, and I'll go through my notes, and then
10 one of my colleagues may have a few questions.
11 I have a few more, but --

12 THE WITNESS: I'm fine.

13 MS. WILSON: If April is all right.
14 I just wanted to ask.

15 THE WITNESS: I appreciate it. I'm
16 fine.

17 MS. FEINSTEIN: Are you sure you
18 don't need to get up --

19 THE WITNESS: Yes.

20 MS. FEINSTEIN: -- because lawyers
21 are notoriously horrible about predicting how
22 much time they have left. I'll try to be
23 efficient, though, and I apologize again for
24 skipping around a bit because I am just kind of
25 going through my notes a bit.

1 Q. Do you have an understanding that --
2 of whether prescription opioids in the United
3 States are approved by the Food and Drug
4 Administration?

5 A. Could you say that again?

6 Q. Sure.

7 Do you know anything about how drugs
8 in the U.S., prescription drugs, are approved
9 for sale?

10 A. Do I have knowledge as far as how
11 the FDA approves drugs for sale?

12 Q. Or just that the FDA is -- strike
13 that.

14 Do you have any information at all
15 about the FDA's involvement in prescription
16 drugs?

17 A. No.

18 Q. Do you know anything about any
19 regulations that govern prescription drugs?

20 A. No.

21 Q. As a part of your work with the
22 opioid task force or the opiate task force or
23 the Injury Prevention grant, have you learned
24 anything about risk evaluation and mitigation
25 strategies with respect to opioids?

1 A. No.

2 Q. Have you ever heard of REMS?

3 A. No.

4 Q. As a part of the prescribing
5 practices training, do you recall hearing
6 anything about the risk evaluation or mitigation
7 strategies?

8 A. No.

9 Q. Have you ever seen any advertising
10 for any prescription opioids?

11 A. I'm trying to think. Not really.
12 Not that I can think of.

13 Q. Any print materials about
14 prescription opioids?

15 A. As far as advertising goes?

16 Q. Um-hum.

17 A. Not off the top of my head.

18 Q. Have you ever talked with anyone, in
19 your role over the past year or at any time,
20 about any statements that were perceived as
21 being false made by any company in the promotion
22 of prescription opioids?

23 MS. WILSON: Objection to form.

24 A. Wait. Could you say that again?

25 Q. Sure.

1 At any time, either in your role
2 over the past year or any time before that, have
3 you had any discussions with anyone about
4 perceived false statements made in the promotion
5 of prescription opioids?

6 MS. WILSON: Objection to form.

7 A. I'm sorry. I don't know if I'm
8 really tired or it's really -- but I don't
9 understand your question.

10 Q. Sure. I'll try to ask it better.

11 At any point has anyone ever
12 complained to you that they heard someone say
13 something untrue about a prescription opioid, so
14 that it wasn't addictive or something like that?

15 MS. WILSON: Objection to form.

16 A. I haven't heard anyone say something
17 like that. I've read something like that at the
18 Harm Reduction Conference that I went to in
19 October. Nothing was cited. It was about
20 pregnancy and opioid use.

21 Q. What do you recall being said?

22 A. It was a pamphlet. It wasn't said.
23 Again, it was written. It was in a pamphlet.
24 And it was specific to pregnancy and opioid use.
25 They cited nothing medically. They were making

1 blanket statements, that were not medically
2 based at all, that women who used opioids and
3 were pregnant, that their babies weren't in a
4 lot of pain and were not going through
5 withdrawal when born, and, again, not referring
6 to anything medically. It was disturbing to
7 read that, to be honest.

8 Q. Do you know -- do you still have a
9 copy of that pamphlet?

10 A. I believe I have it somewhere, yes.

11 Q. Do you know who wrote that?

12 A. I don't.

13 Q. Did it list any specific opioid in
14 the pamphlet?

15 A. No.

16 Q. Was it just sitting at a table or
17 was someone handing that out at the conference?

18 A. It was in the packet that was given
19 to us at this conference, this National Harm
20 Reduction Conference.

21 Q. Where was that conference?

22 A. New Orleans.

23 Q. Was who the sponsor of the
24 conference?

25 A. The National Harm Reduction

1 Coalition. Again, that was written into the
2 grant before I was in the grant. That is not a
3 conference I would have chosen to go to. As a
4 public health official, we certainly wouldn't
5 support that type of stance.

6 Q. When you say you wouldn't support
7 that type of stance, what do you mean, the
8 stance in the pamphlet or the stance of the
9 whole conference?

10 A. The stance in the pamphlet.

11 Q. Was there a speaker who was talking
12 about what you read in the pamphlet?

13 A. No.

14 Q. How big was the pamphlet?

15 A. Probably 3-by-5.

16 Q. And you think you may still have a
17 copy of that?

18 A. I might.

19 Q. Did you discuss that pamphlet with
20 anybody?

21 A. Yes. My co-worker that was there at
22 the conference with me.

23 Q. Who was that?

24 A. Marlene Skovenski.

25 Q. Did she get one also?

1 A. Correct.

2 Q. Was anyone else there from the
3 Cuyahoga County Board of Health?

4 A. No.

5 Q. Anyone from the Ohio Department of
6 Health that you know of?

7 A. Not to my knowledge.

8 Q. Were there other written materials
9 that you received at that conference?

10 A. Yes.

11 Q. Anything else that you received at
12 that conference that had inaccurate information
13 in it as far as you thought?

14 A. Not that I can remember.

15 Q. Do you remember whether there was
16 like a title or something on that pamphlet?

17 A. I think it was like pregnancies and
18 opioids or something like that.

19 Q. Anything else other than that
20 pamphlet that you can think of where you have
21 seen or heard what you perceived to be
22 misinformation about opioids?

23 A. I guess it's hard for me -- you
24 would have to define what misinformation is.
25 Since, again, I'm not a pharmacist or a

1 physician, I don't think I'd be qualified to
2 determine. Other than that being kind of a
3 public health issue, I don't think I could speak
4 to it otherwise.

5 Q. Are you aware of any false or
6 misleading statements having been made by any
7 manufacturer of a prescription opioid?

8 MS. WILSON: Objection to form.

9 A. I'm not aware of any because I
10 haven't read anything like that.

11 Q. Have you -- have you ever gone on
12 the websites for any prescription opioids to see
13 what information is available about those
14 opioids?

15 A. No.

16 Q. Do you know whether prescription
17 opioids in the United States have a black box
18 warning that talks about addiction?

19 A. I have no idea.

20 Q. And you understand that a person can
21 take a prescription opioid and not become
22 addicted, right?

23 A. I understand that.

24 Q. Do you know whether the Cuyahoga
25 County Board of Health has performed any

1 research on opioids?

2 A. No.

3 Q. The EpiCenter project, what -- and I
4 know you talked a little bit about that earlier.
5 Can you please tell me what your understanding
6 is of that project?

7 A. Sure.

8 So it's the Epi Validation project.
9 The State of Ohio reached out to us and said
10 we'd like you to perform some kind of matchup
11 between the electronic health record of some
12 hospital -- we determined MetroHealth because we
13 already had an established data sharing
14 agreement with them -- and the epidemiologist
15 and the data analyst at CCBH are tasked with
16 taking 60 electronic records and not using
17 identifying data and matching them up to the
18 data that's entered into EpiCenter and making
19 sure that they match up so that each entity is
20 reporting the same information. So they want to
21 validate the data to make sure that it matches
22 up.

23 Q. How far along is that project?

24 A. It just started. It took a very
25 long time to gain access to the electronic

1 health records and the data sharing agreement to
2 be agreed upon.

3 Q. For how long will it go; do you
4 know?

5 A. December 31st we have to have them
6 all reviewed.

7 Q. So it will be done this year?

8 A. Hopefully, yes.

9 Q. And who's heading that up again?

10 A. Chris Kippes.

11 Q. Is anyone, as far as you know,
12 working on that with him?

13 A. Becky Karns.

14 Q. Do you know for how long MetroHealth
15 has had an Office of Opiate Safety?

16 A. I don't.

17 Q. Do you know who heads up that
18 office?

19 A. Dr. Papp and Emily Metz.

20 MS. FEINSTEIN: If you give me one
21 second, I'm just going to flip through my notes,
22 but I think I'm almost done.

23 MR. SCHUTTE: While you do that, can
24 we take five minutes, so then we can switch
25 places, or do you want to finish and then we can

1 switch places?

2 MS. FEINSTEIN: Either way works for
3 me. I can take a break right now.

4 MR. MORIARTY: Let's take five
5 minutes.

6 THE VIDEOGRAPHER: Off the record,
7 5:07.

8 (Recess had.)

9 THE VIDEOGRAPHER: We're on the
10 record, 5:17.

11 MS. FEINSTEIN: Thank you,
12 Ms. Vince. I have no further questions for you
13 today. I'm going to pass the mic to one of my
14 colleagues.

15 THE WITNESS: Thank you.

16 EXAMINATION OF APRIL R. VINCE

17 BY MR. SCHUTTE:

18 Q. Good afternoon, Ms. Vince. My name
19 is Scott Schutte. I represent Rite-Aid. I just
20 have a few questions. I'm going to try not to
21 jump around too much, although I think that's
22 inevitable at this time of the day.

23 A. Okay.

24 Q. First of all, I have in my notes
25 that you mentioned something called a heroin

1 task force.

2 A. Correct.

3 Q. What is that?

4 A. It's led by the U.S. District
5 Attorney General's Office. And, in fact,
6 there's a meeting tomorrow afternoon I'm
7 attending. I started attending those midway
8 through this year in replacement of my
9 supervisor, Mr. Caraffi.

10 Q. How does that fit in, if at all,
11 with the Injury Prevention project that you're
12 spearheading?

13 A. Sure.

14 So with the Injury Prevention
15 project, basically Mr. Caraffi was attending it
16 because it also involves local law enforcement
17 and DEA, and also the medical examiner. The
18 medical examiner reports out data at that
19 meeting, so we do collect data from that meeting
20 as far as his report.

21 Q. The Cuyahoga County Medical
22 Examiner?

23 A. Correct. He reports out.

24 Q. He reports out data at those
25 meetings, and then that's your opportunity to

1 bring that data back?

2 A. Just in case it's something we
3 haven't captured in a report he sent us,
4 correct.

5 Q. How does that intersect, if at all,
6 with any of the deliverables of the Injury
7 Prevention project, and by that I mean your
8 participation in the heroin task force?

9 A. Sure.

10 So, for coalition building, that
11 deliverable, as far as reaching out to
12 individuals, that's an avenue where we would
13 reach out to individuals to join our task force
14 as well if they're not already a member.

15 Q. Okay. Could you please take a look
16 at Exhibit Number 4, which is the Injury
17 Prevention grant CCBH 2018?

18 A. Sure.

19 Q. Ms. Vince, there's a reference on
20 the paragraph under the project description --
21 directive description that refers to the
22 Overdose Fatality Review Committee. Could you
23 tell us what that is?

24 A. Sure.

25 That's basically Dr. Gilson, who is

1 the medical examiner, and Mr. Caraffi, and I
2 believe that there's another individual, Hugh
3 Shannon, that meets with them as well. I'm not
4 sure of how often they meet. And I don't
5 participate in those meetings. Mr. Caraffi does
6 lead up that initiative. So I would have to ask
7 him how often they meet.

8 Q. Who is Hugh Shannon?

9 A. He works at the medical examiner's
10 office with Dr. Gilson.

11 Q. You've testified a couple different
12 times today about the fact that Mr. Caraffi
13 meets with Dr. Gilson and reviews overdose
14 information. Is this separate from that or is
15 this what you were referring to?

16 A. That's what I was referring to.

17 Q. Okay. There's also a -- if you look
18 at the second page of Exhibit 4 under
19 "Statistician," there's something called -- and
20 I apologize if I don't pronounce this correctly
21 -- the Syndromic Surveillance Validation
22 project. What is that?

23 A. Let me see. So that's one and the
24 same of the Epi Validation project.

25 Q. Okay. Thank you.

1 There's also a reference to the
2 Cuyahoga County Overdose Prevention project.
3 What is that?

4 A. Cuyahoga County Overdose Prevention
5 program?

6 Q. Program, yes. Thank you.

7 A. So that's the Injury Prevention
8 grant that we have. I honestly don't know why
9 it's called Cuyahoga County Overdose Prevention
10 program. It's the Injury Prevention program is
11 what it should read.

12 Q. Sorry about that. When we see
13 references to the Cuyahoga County Overdose
14 Prevention program in Exhibit 4, that's the same
15 as the Injury Prevention grant project we've
16 been talking about all day?

17 A. The same as the Injury Prevention
18 grant, correct.

19 Q. Okay. Great. You can put that
20 aside.

21 If you would take a look at your
22 resume, which is Exhibit 1.

23 A. Yes.

24 Q. I believe you testified very early
25 this morning that when you were doing work on

1 aging, there was a project that you did that had
2 touched on opioids, I think specifically the
3 Fall Prevention project.

4 A. The Fall Prevention project didn't
5 involve opioids, no.

6 Q. It did not. Okay.

7 A. No.

8 Q. Prior to the time you became the
9 program manager for the Injury Prevention
10 project, did you have any role with respect to
11 opioids or opiates while you've been employed by
12 the County Board of Health?

13 A. No.

14 Q. So the very first time you began
15 having any involvement with opioids or opiates
16 was in January 2018?

17 A. Correct.

18 Q. There's a reference in your resume
19 on the second page under "Leadership" to the web
20 tech liaison IT for CCBH. What does that mean?

21 A. Basically that means I know how to
22 upload some documents to the website, which I
23 previously did, and I am no longer allowed to do
24 that because we contract with someone to do
25 that.

1 Q. And by "the website," you mean the
2 Cuyahoga County Board of Health website?

3 A. Correct.

4 Q. And that's what you testified to
5 earlier today, which is the -- there's a piece
6 of that that is the Cuyahoga County Opiate Task
7 Force that, if it needs to be updated, you have
8 to submit a request to the vendor, it's then put
9 in the queue and then it's done; is that right?

10 A. That's for the Cuyahoga County Board
11 of Health website, not for the opiate task force
12 website.

13 Q. The reference to the web tech
14 liaison for IT -- and when you said a moment ago
15 that you used to be able to upload information
16 directly and now have to go through a vendor,
17 which of the two websites were you referring to?

18 A. The Cuyahoga County Board of Health
19 website.

20 Q. Okay. And is it -- if you know, is
21 that the website that has the address
22 www.CCBH.net/opiates?

23 A. Correct.

24 Q. And the website that is the one that
25 is for the opiate task force that you also

1 talked about today, is that the one that has the
2 long address of www -- excuse me --
3 opiatecollaborative.cuyahogacounty.US? Is that
4 correct?

5 A. I'd have to look at it to see if
6 that's the correct one.

7 Q. Okay. But with respect to the
8 website, the opiate task force website within
9 the Cuyahoga County Board of Health website,
10 that's the one that if you want to make changes,
11 you can just put the request into the queue and
12 it be done?

13 A. Technically, yes.

14 Q. Why are you hedging the answer?

15 A. The company that we contract with,
16 all requests have to be approved through the
17 epidemiology director and our communication and
18 marketing director, and they prioritize what
19 needs to be updated.

20 Q. Have there been any requests that
21 you've made for changes on the Cuyahoga County
22 Board of Health website portion for the opiate
23 task force that -- changes you've requested that
24 have not yet been made?

25 A. To be honest, I'd have to look at

1 requests that I've made. There might be small
2 formatting requests that I've made that have not
3 been done. I'd have to go back and look at
4 requests that I made and cross-reference it to
5 the current site.

6 Q. Do you recall that Mr. Masters
7 showed you a section of the 2016 opiate task
8 force on contributing factors? We looked at
9 that earlier today.

10 A. I think. I'd have to go back to the
11 document and look.

12 Q. We can move on.

13 The last question about your resume.
14 Under the section of your resume for program
15 manager for the Injury Prevention project, it
16 says that part of your job is public speaking as
17 it relates to the program. Do I have it right
18 that the only public speaking you've done so far
19 was with respect to the -- to the -- well, let's
20 do it this way. What public speaking have you
21 done so far with respect to your role as the
22 program manager?

23 A. The only public speaking I've done
24 so far is speaking at the opiate task force,
25 introducing speakers. I haven't done any

1 speaking on the topic yet. Strike that. I'm
2 learning terminology today.

3 I have --

4 Q. Very nicely done.

5 A. I don't know why this slipped my
6 mind. I did speak as a panelist at Case Western
7 Reserve University to medical students and
8 dental students November 28th and December 5th.

9 Q. What were those presentations about?

10 A. It wasn't -- I didn't have a
11 PowerPoint presentation or a speech written up.
12 It was someone from the Office on Opiate Safety
13 from MetroHealth did a Narcan training for the
14 students, and then it was open discussion for
15 them to ask us questions.

16 Q. Do you remember any of the questions
17 you were asked of either of those two panels?

18 A. I'm trying to think of specifics.
19 Mostly they were directed to the physician that
20 was there. They were interested behind -- the
21 medicine behind addiction. They asked questions
22 like can Narcan be carried on an airplane, can a
23 pregnant woman use Narcan. They were focused
24 mostly around Narcan.

25 Q. Okay. Who was the physician you

1 referenced who was on the panel with you?

2 A. I'm terrible with names.

3 Q. If you recall.

4 A. Again, it was the addiction
5 specialist, the psychiatrist that spoke at our
6 task force from Southwest Hospital. He was on
7 the first panel with me on the 28th. And then
8 the second one, this is not her last name, this
9 is her first name, but everyone calls her
10 Dr. Chris. She was the physician on the second
11 panel.

12 Q. I believe that Ms. Feinstein asked
13 you a question about whether you've been asked
14 questions about the cause of the opioid
15 situation in Cuyahoga County.

16 A. Um-hum.

17 Q. Did that question get asked at
18 either one of those panels?

19 A. Not that I can recall.

20 Q. I also have a note from earlier
21 today, you also presented at drug court as well?

22 A. Yes.

23 Q. So those are -- the speaking that
24 you've done so far are at the opiate task force
25 meetings, at these two panels that you just

1 described for me, and then also to the drug
2 court?

3 A. Correct.

4 Q. Okay.

5 A. I'm sorry. I'm remembering things
6 now that I didn't before.

7 Q. I had a note that you mentioned
8 something earlier today in response to a
9 question about how you apportion your time, and
10 you said -- I think this is an exact quote --
11 you recorded -- you have to look at your
12 recorded time at the Board of Health. What did
13 you mean by that?

14 A. So as public health officials, we're
15 required to document our time and what it's
16 spent on in .25 increments, which you can make
17 that two hours, you can make that 15 minutes,
18 but they have to be in .25 increments. So we
19 have a system called the daily system. We have
20 to enter our time, what it's spent on, what
21 we're doing for the day every day for the past
22 19 years.

23 Q. You should go to law school.
24 Lawyers have to do that, too.

25 Is there a certain amount of time

1 you have to account for each day?

2 A. One hundred percent has to be spent
3 on injury prevention every day.

4 Q. Thank you for that. And I think my
5 question wasn't clear. Is there a requirement
6 that you put in at least eight hours or seven
7 hours or nine hours?

8 A. 7.5.

9 Q. 7.5. What if you work more than
10 7.5? Would you account for that as well?

11 A. Yes.

12 Q. Is this different than any kind of a
13 sort of payroll system or swipe system?

14 A. Yes.

15 Q. How is it different?

16 A. I don't know how to describe how
17 it's different. It's not tied to our payroll, I
18 don't believe. I could be wrong because I don't
19 work in payroll.

20 Q. Yes.

21 What is your understanding of the
22 purpose for the daily system and the requirement
23 that you enter your time in .25-hour increments?

24 A. To track our time and what we spend
25 it on.

1 Q. Okay. So with respect to the time
2 you spent since January of 2018, when you became
3 the program manager, conceivably we could look
4 at the daily system and find out how you've
5 accounted for your time throughout the year?

6 A. Sure.

7 Q. Is there a -- do you have any coding
8 in there where you apportion it to certain
9 deliverables that we've been talking about
10 today?

11 A. No. They just don't get that
12 detailed. It's just programmatically.

13 Q. And is it -- are you allowed to do
14 block entries, if you will?

15 A. Yes. Like two hours I did this,
16 yes. Yeah.

17 Q. You testified earlier today that
18 Mr. Caraffi -- you estimated 5 to 10 percent of
19 his time for budget purposes were apportioned to
20 the Injury Prevention project?

21 A. Right. And when I say for budget
22 purposes, we have to do like a salary
23 projection, we see what time is available, and
24 then that's when we determine what percentage he
25 can spend on the grant.

1 Q. I see.

2 Is a hundred percent of your time
3 apportioned to -- or allocated to the Injury
4 Prevention program?

5 A. Yes.

6 Q. Is that also true of Ms. Skovenski?

7 A. No. She's a percentage of it. And,
8 again, I'd have to look at our budget to see
9 exactly.

10 Q. What about Becky Gray?

11 A. She's a percentage. Her -- she has
12 fluctuated over the year as far as
13 percentage-wise. She began at a lower
14 percentage and went up in the middle of the
15 year, I believe.

16 Q. Do you recall what the new
17 percentage she's at now is?

18 A. I want to say 20 percent, but I'm
19 not positive.

20 Q. What about Chris Kippes? Is it
21 Kippes?

22 A. That's correct.

23 He is not allocated as a percentage
24 on injury prevention other than the Epi
25 Validation project, just that.

1 Q. Is there anyone whose time is
2 allocated to the Injury Prevention project other
3 than you, Mr. Caraffi, Ms. Skovenski, Ms. Gray
4 and Mr. Kippes, and at least with Mr. Kippes it
5 applies to the Epi project?

6 MS. WILSON: Objection to form.

7 A. As far as I know, recently we added
8 a staff member, again Pam D, because I don't
9 want to butcher her last name. She was just
10 added as a staff member.

11 Q. Anyone else?

12 A. Not to my knowledge this year.

13 Q. Thank you for that.

14 A. And also for the record, Gray is now
15 Karns. I've been speaking about Becky Karns.
16 Her last name is now Karns.

17 Q. Thank you.

18 A. Sorry.

19 Q. No, not at all.

20 You had been asked earlier today --
21 you've never seen the complaint in this case,
22 correct?

23 A. Correct.

24 Q. And you don't know what the
25 allegations are in the case?

1 A. I do not.

2 Q. So I take it, then, that you would
3 not be able to testify with respect to any of
4 the allegations in the complaint?

5 A. No.

6 Q. You have no knowledge -- because
7 you've never seen them, you aren't in a position
8 today to testify as to whether any of the
9 allegations in the complaint are accurate,
10 correct?

11 A. That's correct.

12 Q. Ms. Feinstein asked you about
13 manufacturers and distributors. I represent
14 Rite-Aid. There are also other retail pharmacy
15 names, CVS, Walgreens and Walmart. Do you have
16 any understanding as to why they have been named
17 Defendants in the lawsuit?

18 A. No, I don't.

19 Q. I take it you would not be able to
20 testify as to any reason why Walgreens, Walmart,
21 CVS or Rite-Aid could be held liable in this
22 case?

23 MS. WILSON: Objection to form.

24 A. No, I could not testify.

25 Q. You were asked some questions

1 earlier today about whether you looked into any
2 damages at all in connection with this case.
3 Pardon me if you've already been asked this, but
4 do you know what damages are being sought by
5 Cuyahoga County in this case?

6 A. I do not know.

7 Q. I take it, then, you wouldn't be in
8 a position to testify about whether the damages
9 being sought are accurate or valid?

10 A. That's correct.

11 Q. There have been a lot of questions
12 asked of you today about overdoses and whether
13 those are overdoses on legal prescriptions
14 versus illicit drugs versus drugs that aren't
15 even opiates. Do you have any knowledge, as you
16 sit here today, of the portion of overdoses in
17 Cuyahoga County that are attributable to legal
18 prescriptions?

19 A. I do not have that knowledge
20 accessible currently off the top of my head. I
21 know that that exists at the medical examiner's
22 office through data that is provided to us.

23 Q. And would the answer be the same if
24 I asked about overdoses based on illegal drug --
25 illegal opiate usage?

1 A. Yes.

2 Q. And also if I asked the question
3 about illegal drug usage that are not opiates;
4 in other words, for example, if someone
5 overdosed on cocaine or methamphetamine?

6 A. Yes.

7 Q. As you sit here today, do you have
8 any knowledge about the percentage of people who
9 overdose on an illegal opiate who at one time
10 were taking legal prescription opiates?

11 A. I don't have that knowledge. I
12 don't know if there's research been done around
13 that. I'm not sure.

14 Q. Okay.

15 A. I've heard stories through parents
16 that that's what happened to their son or
17 daughter, but I don't have research that I'm
18 aware of.

19 Q. Okay. And you would not be in a
20 position to testify as to which percentage or
21 which particular cases in Cuyahoga County are
22 overdoses from an illegal drug and that person
23 started as a user of a legal opiate?

24 A. No.

25 Q. Legal opiate or opioid?

1 A. Right. No.

2 Q. I think the last thing I have is
3 about the transition into your current position.
4 As I understood your testimony, you -- well, I
5 certainly started talking today and asked you
6 the question where you said you had not had any
7 involvement with opioids in your job prior --
8 that you took your current position in January
9 of 2018, correct?

10 A. Correct.

11 Q. And I think I heard you say earlier
12 today that you did very little research before
13 you interviewed for the current position you're
14 in, correct?

15 A. Well, I said I would hope that
16 that's what I did. I'm not positive I did. I
17 would hope that I prepared for the interview.

18 Q. But as you sit here today, you don't
19 recall?

20 A. I don't remember exactly what I
21 looked at, no.

22 Q. Okay. You also testified, I
23 believe, that -- and you'll correct me if I'm
24 wrong I hope, that the only reason that you knew
25 that the program manager position that was open

1 had to do with the Injury Prevention project is
2 because you knew that -- I'm going to draw a
3 blank on her name.

4 A. Allisyn Leppla.

5 Q. Was leaving. Is that correct?

6 A. Correct.

7 Q. The job posting was not specific to
8 the opioid Injury Prevention project?

9 A. As I remember, it was not. I
10 believe it was posted as a program manager
11 within Environmental Health Services, and I
12 don't believe anywhere in the job description it
13 specified this specific grant.

14 Q. So if you prepared for that
15 interview by looking at opioid issues, it would
16 have been because you surmised, from the fact
17 that it was your predecessor who was leaving,
18 that that was the nature of the open position?

19 A. Correct. I knew the nature of her
20 job.

21 Q. Right. Do you remember who you
22 interviewed with?

23 A. Mr. Caraffi and Desiree Hudson.

24 Q. Who is Ms. Hudson?

25 A. She worked in our HR department.

1 She's since left.

2 Q. Okay. Do you recall, Ms. Vince,
3 whether there were specific questions about
4 opioids or opiates asked during the course of
5 that interview?

6 A. I can't remember.

7 MR. SCHUTTE: I don't believe
8 anybody in the room on the defense side has
9 anything, but I should ask whether anyone on the
10 phone has follow-up questions before we pass the
11 mic over to Plaintiff's counsel.

12 MR. ALEXANDER: No questions for
13 AmerisourceBergen.

14 MR. SCHUTTE: Anyone else on the
15 phone?

16 MS. WILSON: Plaintiff has no
17 questions.

18 MR. SCHUTTE: Thank you very much
19 for your time and your patience today.

20 THE WITNESS: Thank you all.

21 THE VIDEOGRAPHER: Off the record,
22 5:39.

23

24 (Deposition concluded at 5:39 p.m.)

25

- - - - -

1 Whereupon, counsel was requested to give
2 instruction regarding the witness' review of
3 the transcript pursuant to the Civil Rules.

4
5 SIGNATURE:

6 Transcript review was requested pursuant to
7 the applicable Rules of Civil Procedure.

8
9 TRANSCRIPT DELIVERY:

10 Counsel was requested to give instruction
11 regarding delivery date of transcript.

REPORTER'S CERTIFICATE


[illegible]

I, Renee L. Pellegrino, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, APRIL R. VINCE, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the above referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above referenced witness.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified and was completed without adjournment.

1 I do further certify that I am not a
2 relative, counsel or attorney for either party,
3 or otherwise interested in the event of this
4 action.

5 IN WITNESS WHEREOF, I have hereunto set
6 my hand and affixed my seal of office at
7 Cleveland, Ohio, on this 18th day of December, 2018.

8
9
10
11 
12

13 Renee L. Pellegrino, Notary Public
14 within and for the State of Ohio

15
16 My commission expires October 12, 2020.
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Veritext Legal Solutions
1100 Superior Ave
Suite 1820
Cleveland, Ohio 44114
Phone: 216-523-1313

December 18, 2018

To: Ms. Quezon

Case Name: In Re: National Prescription Opiate Litigation v.

Veritext Reference Number: 3155430

Witness: April R. Vince Deposition Date: 12/13/2018

Dear Sir/Madam:

The deposition transcript taken in the above-referenced matter, with the reading and signing having not been expressly waived, has been completed and is available for review and signature. Please call our office to make arrangements for a convenient location to accomplish this or if you prefer a certified transcript can be purchased.

If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived.

Sincerely,
Production Department

NO NOTARY REQUIRED IN CA

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3155430

CASE NAME: In Re: National Prescription Opiate Litigation v.

DATE OF DEPOSITION: 12/13/2018

WITNESS' NAME: April R. Vince

In accordance with the Rules of Civil
Procedure, I have read the entire transcript of
my testimony or it has been read to me.

I have made no changes to the testimony
as transcribed by the court reporter.

Date April R. Vince

Sworn to and subscribed before me, a
Notary Public in and for the State and County,
the referenced witness did personally appear
and acknowledge that:

They have read the transcript;

They signed the foregoing Sworn
Statement; and

Their execution of this Statement is of
their free act and deed.

I have affixed my name and official seal

this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

DEPOSITION REVIEW
CERTIFICATION OF WITNESS

ASSIGNMENT REFERENCE NO: 3155430

CASE NAME: In Re: National Prescription Opiate Litigation v.

DATE OF DEPOSITION: 12/13/2018

WITNESS' NAME: April R. Vince

In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.

I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).

I request that these changes be entered as part of the record of my testimony.

I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.

Date April R. Vince

Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:

They have read the transcript;
They have listed all of their corrections in the appended Errata Sheet;
They signed the foregoing Sworn Statement; and
Their execution of this Statement is of their free act and deed.

I have affixed my name and official seal this _____ day of _____, 20____.

Notary Public

Commission Expiration Date

ERRATA SHEET

VERITEXT LEGAL SOLUTIONS MIDWEST

ASSIGNMENT NO: 12/13/2018

PAGE/LINE(S) / CHANGE /REASON

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Date April R. Vince

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____

DAY OF _____, 20_____ .

Notary Public

Commission Expiration Date

[& - 2017]

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

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